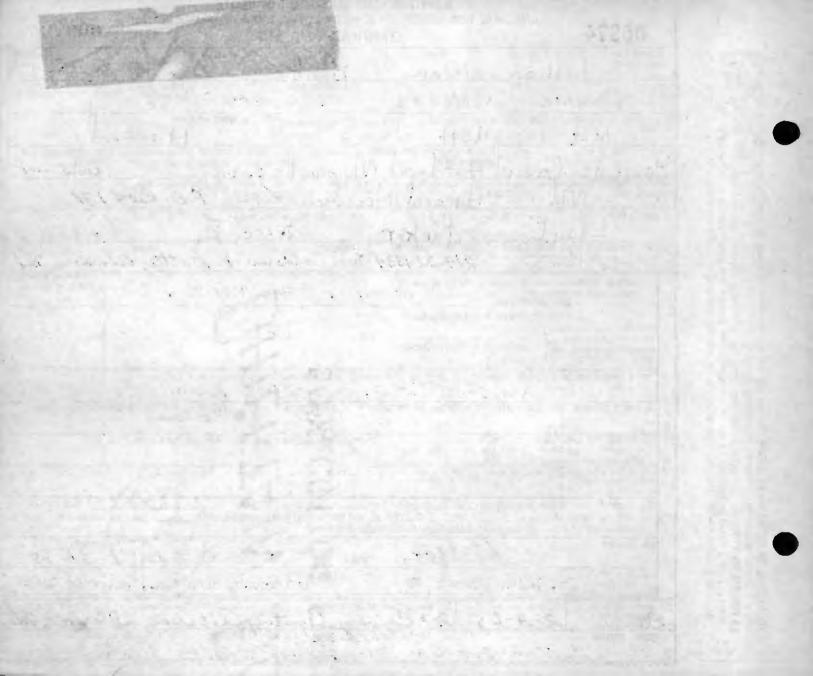
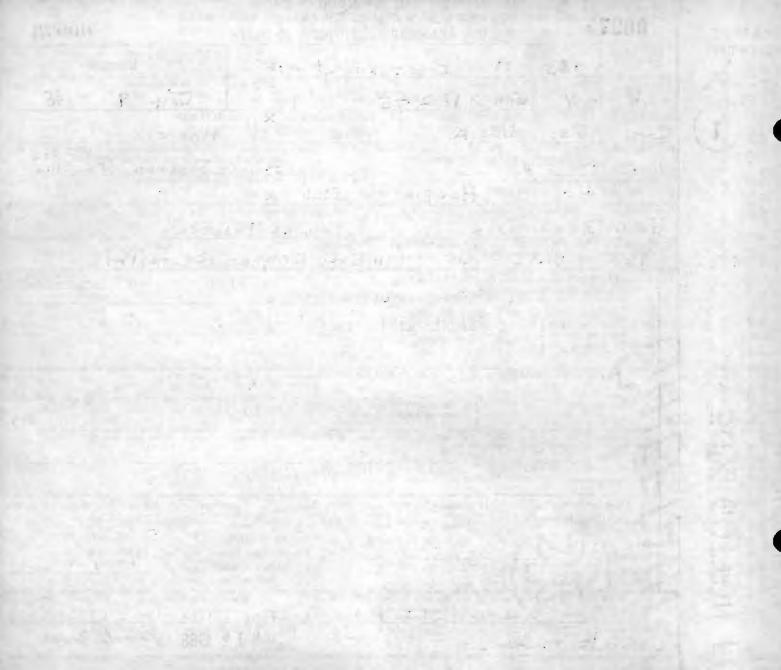
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00974 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years LE UNDER 1 YEAR IF LINDER 24 HRS last birthagy) olored emale 60 YRS 7o. BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED W DIVORCED filled within 10. CITY OR TOWN OF DEATH TT. NAME OF HOSPITAL OR INSTITUTION (If, not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give steet address) during most of working life, even if retired.) ond completely f 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER that the deoth certificate be executed admission) STATE 13b. COUNTY P.O. Box 171 ond in ony 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (If yes give wor or dates of service) mes, Catherine V. Battle aberlung burial, cremation, or removol, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to Poge 4 moy be retained by the hospital or ottending os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. MITOPSY? has CAUSES OF DEATH? YES [ NO T FUNERAL DIRECTOR: After this certificate ha rector, page 3 should be detoched for use hould be filed with the Stote Dept. of Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1 - 2 4 , 19 68 , to 1 - 30 , 19 67 , that (I) (we) last saw the deceased alive on 1 - 30 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Dr. Lajos I Mezei 601 South Union Ave., Havre de Grace NAME (Type) 23c NAME OF CEMETERY OR CREMATORY. 23d. LDCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE (State) SEMOVAL (Specify) (emiteres rereal 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ochanles Justines Graces md. DATEFEB 30M REV. 1/68 ullock Starrede

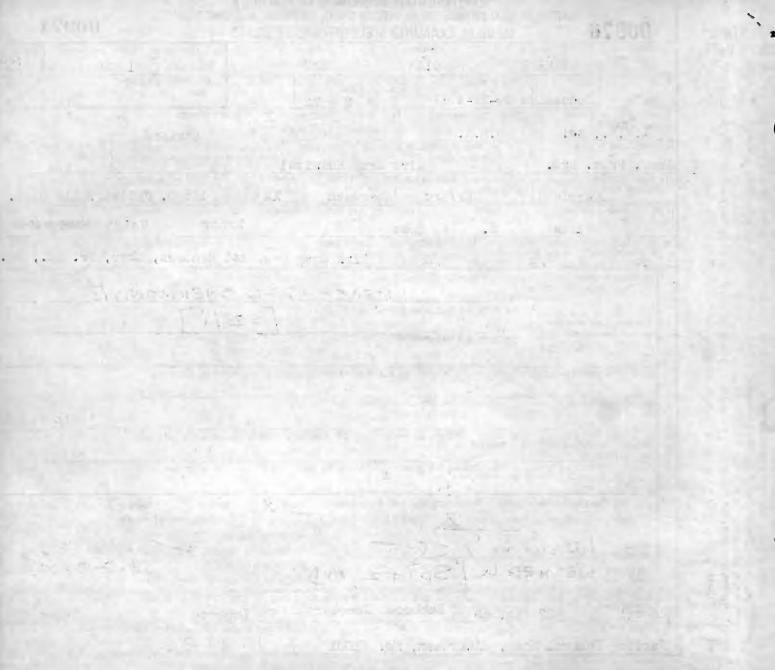
MARYLAND STATE DEPARTMENT OF HEALTH



1 1	I.	TO SEE DIVISION OF VITAL REGORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00973
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b, HOUR
2, and 3 ta PM3. Page	3. 5		Yeor 19 68 2d. HOUR
farm P F farm P P	70. (par	BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   170   17	M
Give Pages and with far th the State	10. (	ITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR
haurs after Item 18. Giv Office along I and 2 with 1 after death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY HAD FOR 3 WHY EXCENSION STATE YES NO	
24 haurs in Item is Office s 1 and 2	14. [	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  JOHN BENNINGTON PROLINE PROCTOR	Lost
within 24 pencil in xaminer's ile pages 72 haurs	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. TO STORY TO SECURITY NO.  18. TO STORY TO SECURITY NO.  18. TO SECURITY NO.  18. TO SECURITY NO.  19. TO SECURITY NO.  19. TO SECURITY NO.  19. TO SECURITY NO.  19. TO SECURITY NO.  10. TO SECURITY NO.  11. TO SECURITY NO.  11. TO SECURITY NO.  12. TO SECURITY NO.  13. TO SECURITY NO.  14. TO SECURITY NO.  15. TO SECURITY NO.  16. SOCIAL SECURITY NO.  17. TO SECURITY NO.  17. TO SECURITY NO.  18. TO SECURITY NO.  19. TO SECURITY NO.  10. TO SECURITY NO.  11. TO SECURITY NO.  11. TO SECURITY NO.  11. TO SECURITY NO.  12. TO SECURITY NO.  13. TO SECURITY NO.  14. TO SECURITY NO.  15. TO SECURITY NO.  16. SOCIAL SECURITY NO.  16. SOCIAL SECURITY NO.  17. TO SECURITY NO.  17. TO SECURITY NO.  18. TO SECURITY NO.  19. TO SECURITY NO.  10. TO SECURIT	. 9
INER: This certificate should be executed within 24 hours after death be certificate, writing the ward "pending" in pencil in Item 18. Give Pages I, should be farwarded to the Chief Madical Examiner's Office along with farm files.  3 should be used as a burial-transit permit. File pages I and 2 with the State De notion, or removal, and in any event within 72 hours after death.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c) Arteriosclerotic CVDisease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be ex d "penc Chief M ransit p		Conditions, if only, which gove ) rise to immediate couse (o).  DUE TO, OR AS A CONSEQUENCE OF OR OTHER PROPERTY OF THE PROPER	
te shauld be e the ward "per J ta the Chief I a burial-transit a in any ever		storing the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   lost.   (c)	
ificate string the sarded to das a bada al, and	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)	
This certificate, writing be farward do be used a carremaval,	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY? YES \( \text{NO} \( \text{NO} \)
VER: This certicertificate, writhauld be farwariles. Shauld be used tian, ar remava	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, HOUR A.M. P.M. 19	item 1B.)
	WE	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	County Stote
VI E Xect Year far far rial,		deoth resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner	AINN
necessary, please e, the funeral director 5 may be retained TO FUNERAL DIRECT Health priar to bu		ACTUAL SIGNATURE  SIGNATURE  EXAMINER'S  NAME (Type)  ADDRESS(Street, city, town, or county)	-9-68-
the the S n	230	BURIAL (REMATION, REMOVAL (Specify) Jan. 12,1968 Slate Ridge Cenetry Delta york	(County) (Stote)
VR A15ME (5) 10M REV 1/68	24.	runeral Director de Italian De Ita, Pa Date AN 12 1968 256. RECTO EN REGISTRAR 3	CICMATILDL

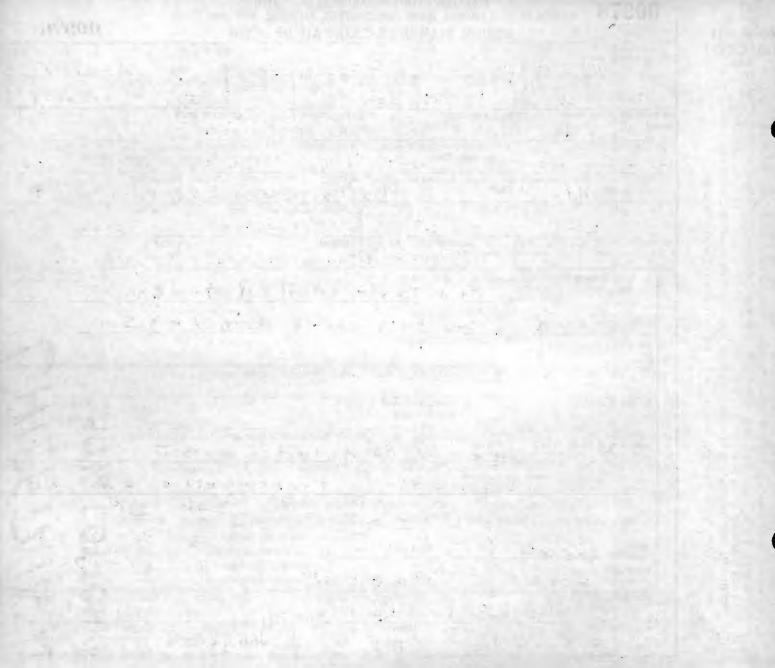


1	MAKYLAND STATE DEPARTMENT OF HEALTH  The DIVISION OF VIJAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR
	(Type or Print) MICHAEL GIEN BEST DEATH MATED 1 20 19 68 1:2
Sm & A/	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours I F UNDER 1 YEAR I F UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR
delay 33. P. 34.	Male Caucasian 10-29-1967   lost birthdey)   MONTHS   DAYS   MOURS   MIN.   Month   Doy   Yeor   19   N
any delay is 2, and 3 to PM3. Page	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED S. 9. COUNTY OF DEATH
- 5	COUNTRY TO AS U.S.A. WIDOWED DIVORCED Harford M
State State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done   12b. KIND OF BUSINESS OR
P = 25	Aber. Prov. Grd. give street oddress) Kirk Army Hospital during most of working life, even if retired.) INDUSTRY
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	odmission) STATE Maryland 13b. COUNTY Harford ( Aberdeen YEXX NO 118 N. Philadelphia Blvd.
24 hours ofter in Item 18. Giv r's Office along es I and 2 with the rrs ofter death.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24 r's ( r's ( r's (	Glena R. Best Nancy Voigt *********
within 24 pencil in xaminer's ile pages 72 hours	(Yes, no, or unknown) (Hyes give yer or dotes of service) (N/A   N/A   Kirk Army Hospital Records, Aber, Pr. Gd., Md
I within 24 n pencil in Examiner's File pages 1 72 hours	APPDYVIMATE INTEGVAL
ecuted ving in edical Exemit. Fi	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  BETWEEN ONSET AND DEATH
executed nding: if Medical I permit.	IMMEDIATE CAUSE (a)
be exe "pendii hief Me ansit pe	Conditions, if ony, which gave )
d b d : Chire rran y e	rise to immediate couse (a), (b)
should be e ne word "per to the Chief I buriol-transit I in ony even	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ote sh g the ed to s a bu ond it	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
This certific ficate, writing be forward at d be used at our removel.	190. DATE OF DERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTDPSY?  YES 1 NO   210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
for for rem	WAS PERFORMED?  YES IT NO
(AMINER: te the certi je 4 should your files. age 3 shoul cremation,	CAUSE OF DEATH P.M. 19
MIN the the transfer	21d. INJURY OCCURRED 21e, PLACE DF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street at R.F.D. No. City or Town County Stote
SICAL EXAMINER: Ise execute the certification. Page 4 should insed for your files.  RECTOR: Page 3 shou to burial, cremation,	AT WORK AT WORK
CAL E. executor. Pografor CTOR: Purial,	22o. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection 🗌, Inquiry 🔲, and in my apinia
Control of the contro	deoth resulted from: Natural couses Accident , Svicide , Hamicide , Undetermined monner
please I direct retaine	ACTUAL 11124 CHIEF MEDICAL EXAMINER 226 DATE SIGNED
TY. H. S. H. Price	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
EPU SSOI fune gy t INE	EXAMINER'S WET NET IN SPITZ MDDPUTY MEDICAL EXAMINER LANGUAGE (Type)
TO DEPUTY SICAL EXPENSION IN THE funeral director. Pog 5 may be retained for y TO FUNERAL DIRECTOR. PHeolth prior to burial,	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
F - F	Removal (Specify) 22 Jan, 68 Lubbock Cemetery Lubbock Texas
	24. FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	Tarring Funeral Home, Aberdeen, Md/ 21001 DATE JAN 2 3 1968
7/	



77000 THE SET IN THE PARTY OF THE PAR TVA SUPPORTED TO THE PROOF THE PARTY OF THE THE RESIDENCE OF SECULO SE 200 enteres .Al control The state of the second of the The second to the later of the contract of the second post versions. Elicit Elicit State Victoria The least to the control of the cont All for the chief of the property and the chief of the ch 

	1	00978 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00976
HEALTH DEPT.		PECEASED-NAME First Middle Lost 2a DATE KNOWN Month OF ESTI-	Day Year 2b HOUR
- 5 m	3. 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	Teor 19 68 8 4 00 N
122	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 0 1 8 N
ter death Give Pages ang with for th the State	10. (	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done )	126. KIND OF BUSINESS OR INDUSTRY
s after d 18. Give alang w with the death.	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 135/LITY OR TOWN 13d. MSDE CITY LIMITS? 13e. STREET AND NUMBER	TRUCKING
haurs after death Item 18. Give Pages Office alang with fo land 2 with the State after death.		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil in I niner's ( pages 1 hours o	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. ANFORMANT   ADDRESS	RE.
within n penci Examin File pa		(es, not or pinknown) (Hyes give war ar dates of service) 227-44-5073 Hun Sue Booth 219 4. Dunca	
be executed "pending" in nief Medical E. ansit permit. F.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Frdeture Skull R few many  IMMEDIATE CAUSE (b) Frdeture Skull R few many  IMMEDIATE CAUSE (c) Frdeture Skull R few many  IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" inef Medical masit permit.		Canditians, if any, which gave ) OUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) OUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave )	
shauld be e ne ward "per a the Chief ! burial-transit		rise to immediate cause (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF	
icate sling the ded ta as a bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vertil arwar used mava	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO X
性力 号 二		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite PRIMARY OR CONTRIBUTING HOUR A.M.	
Secute the certificate. See execute the certificate. The see a should lead for your files. ECTOR: Page 3 should burial, cremation, a	MEDICAL	CAUSE OF DEATH  21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, farm, street, white mor white mor white factory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County State
NL EXAM xecute th Page 4 far your OR: Page		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
olease exe director. I director. I DIRECTOR		death resulted from: Notural couses, Accident Suicide, Hamicide, Undetermined monner [	one in my opinion
·		ACTUAL GENERAL PARMENT CHIEF MEDICAL EXAMINER BELL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE S	
necessary, in the funeral 5 may be r		EXAMINER'S NAME (Type) Gerald & Polmer DEPUTY MEDICAL EXAMINER &	11-68
To Day	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMOVAL (Specify) 1-20-68 (Rest LAWN Come terry Howard Park	(County) (State)
VR A15ML (b)	24.		IGNATURE Judge



MALE WHITE WIDOWED DIVORCED APRIL 1875 [est birthdey] Moni 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  NURSERY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give were or detes of service)  18. CAUSE OF DEATH   Enter only one cause per line for (e), (b), and (c), I,  PART I. DEATH WAS CAUSED BY ADVANCED ARTERIO SCLERETIC CARDIO VASCULA  DUE TO  Conditions, if eny, which geve rise to immediate cause (a), stelling the underlying DUE TO,  DUE TO  DUE T	009'7'
B. COUNTY  HARFORD  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  CLES (RURAL)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  ROCKS  REST HOME  Middle  Lest  A DATE  Morth  OF  DECEASED  (Type or print)  OF  COLOR OR RACE 7, MARRIED NEVER MARRIED  Morth  OF  DEATH JANUARY  S. SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRIED  Morth  Morth	ion: Residence bet
b. CITY OR TOWN (if outside corporate limits, yrite RURAL and give negres town)  KOCKS (RURAL)  d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  ROCKS PEEK CREK REST HOME  3. NAME OF DECRECATION OF STAY IN 16  DECRETE PROPERTY OF DECRETE Month  1. DECRETE MONTH  1. DECRETE MONTH  1. DEATH WAS CAUSED BY.  1. IMMEDIATE CAUSE (a) ADVANCED ARTERIC SCENETIC CARDIO VASCULAR  1. DUE TO DISEASE, SENILITY  1. OF DECRETE CARDIO VASCULAR  1. DUE TO DISEASE, SENILITY  1. OF DECRETE MONTH  1. OF DECRETE MONTH  1. OF DECRETE MONTH  1. DEATH WAS CAUSED BY.  1. IMMEDIATE CAUSE (a) ADVANCED ARTERIC SCENETIC CARDIO VASCULAR  1. DUE TO DISEASE, SENILITY  1. OF DECRETE MONTH  1. DECRETE MONTH  1. OF DECRETE MONTH  1. DEATH  1. D	
WILTON BOSLEY  18. WAS DECEASED EVER IN U.S ARMED FORCES?  18. WAS DECEASED EVER IN U.S ARMED FORCES?  18. CAUSE OF DEATH   Entar only one cause per line for (e), (b), and (c).]  18. CAUSE OF DEATH   Entar only one cause per line for (e), (b), and (c).]  19. ACK OR RURAL  2 VR S  JOPPA (RURAL)  4. STREET ADDRESS  ROUTE I BOX 100.  4. STREET ADDRESS  ROUTE I BOX 100.  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH  9. AGE (in yeers I IF UN lest birthdey)   Month of BUSINESS OR INDUSTRY   11 SIRTHPLACE (County & Steine, or foreign country)   12  100. USUAL OCCUPATION (Give kind of work dame during most of working life, even if relired)   10b. KIND OF BUSINESS OR INDUSTRY   11 SIRTHPLACE (County & Steine, or foreign country)   12  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH   Entar only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY, (MMEDIATE CAUSE (a), ** SENILITY**  18. CAUSE OF DEATH   Entar only one cause per line for (e), (b), and (c).]  DUE TO DISEASE, ** SENILITY**  Conditions, if eny, which   (b)   DUE TO DUE	HARFOR
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  ROCKS DEEK CREEK REST HOME  3. NAME OF DECEASED (Type or print)  6. COLOR OR RACE 7. MARRIED NIEVER MARRIED NOT DEATH JANUARY  6. COLOR OR RACE 7. MARRIED NIEVER NAME  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  NURSERY  13. FATHER'S NAME  MILTON  BOSLEY  DWANTE COUNTY & Stele, or foreign country)  14. MOTHER'S MAIDEN NAME  MILTON  BOSLEY  DWANTE DEATH NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyes give wer or deter of service)  16. CAUSE OF DEATH  Entar only one cause per line for (e), (b), and (c).],  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  DU	AL end give neare
ROCKS DEEK CREK REST HOME  3. NAME OF DECEASED (Type or print) WORTHING TON LEE BOSLEY  6. COLOR OR RACE 7. MARRIED NEVER MARRIED BOT DEATH JANUARY  MALE  6. COLOR OR RACE 7. MARRIED NEVER MARRIED BOT DEATH JANUARY  MONITOR WIDOWED DIVORCED APRIL 1875  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  NURSERY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  MILTON  BOSLEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO  18. CRUSE OF DEATH JENTAR ONLY ON CED ARTERIO SCIENCE CARDIO VASCULA  DUE TO DISEASE, SENILITY  Conditions, if eny, which geve rise to immediate acuse (a), steling the underlying DUE TO,	
3. NAME OF DECEASED (Type or print) WORTHING TON LEE BOSLEY  5. SEX  6. COLOR OR RACE  MALE  MIDDIE DIVORCED  DIVORCED  DIVORCED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  NURSERY  13. FATHER'S NAME  14. DATE  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  9. AGE (In years lest birthdey)  Month  PARIL   1875  PARIL   1875  Month  PARIL   1875  PARIL   1875  Month  PARIL   1875	Y
[Type or print] WORTHINGTON LEE BOSLEY  DERTH JANUARY  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH  MALE  WHITE WIDOWED DIVORCED APRIL 1875  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  NURSERY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Ifyesgive were detes of service)  18. CAUSE OF DEATH lenter only one cause per line for (e), (b), and (c), 1,  PART I. DEATH WAS CAUSED BY INDUSTED ARTERIO SCLERATIC CARDIO VASCULA  DUE TO	Dey
MALE WHITE WIDOWED DIVORCED APRIL 1, 1875 Gest birthdey) Mont 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  NURSERY  13. FATHER'S NAME  MILTON BOSLEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive were refered especially one cause per line for (e), (b), and (c), I  PART I. DEATH WAS CAUSED BY (MEDIATE CAUSE BY IMMEDIATE CAUSE BY IMMEDIATE CAUSE (a)  DUE TO	1 12
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (County & Siefe, or foreign country)  12 J. Manual Committee and the most of working life, even if retired)  13. FATHER'S NAME  14 MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give were or detes of service)  16. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c),]  PART I. DEATH WAS CAUSED BY (MMEDIATE CAUSE (a) ADVANCED ARTERIO SCIENCTIC CARDIO VASCULA (b) geve rise to immediate cause (a), stelling the underlying DUE TO  10 DISEASE, SENILITY	DER 1 YEAR   IF U
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13. FATHER'S NAME  MILTON BOSLEY  DISCRASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unkown)  (Ifyesgivewerardetesofservice)  JOSEASE  LA MOTHER'S MAIDEN NAME  Address  Address  Address  ADVANCED ARTERIO SCLERETIC CARDIO VASCULA  DUE TO  Conditions, if eny, which geve rise to immediate cause  (a), stelling the underlying  DUE TO  DU	. CITIZEN OF WI
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	YES
20a ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer Value of the Not While Not While Not While Not While at work at w	(County)
21. I certify that (I) (this hospital) attended the deceased from A.M. 1966 to A.M. 1.6	
saw the deceased alive on	on the date st
220. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1000 10
22c. PHYSICIALYS 22d. ADDRESS	
NAME (TYPO) PHILIP W. HEUMAN MD, 307 HICKORYAVE, BEL	A CA
238, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, town or C	AIR,1
Burial Jan 20 196 yourstain thresten popa	AIR, I
24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  MA  DATE  DATE  ADDRESS	e. 0.,



FOR STATE HEALTH DEPT.    Common Canada   Comm			MARYLAND STATE DEPARTMENT OF HEALTH	
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The second of th	r de ve l g w the		Trappe Road (RFD#2 Box#307) Road Building	1tigh way
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REMOVA (Specty)  Burial  Jan. 30, 1968 Baptist View Cometery  Forest Hill Harford Co. Ind.  VR AISME (5)  JOSEPH William Foster Bel Air May 1001 DATEJAN 29 1968  PROJECTION  DATEJAN 29 1968		00		
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	VR A15ME (5)		Joseph William Foster Bollondungy & Collinguis St. WIJAN 29 1968 Pellan	iles Judges
Strate of the first of the firs	10M REV 1/68		Aniconia To	0 0



		90981	DIVISION OF Y	VITAL RECORDS,		PRESTON STRE		RE, MAR	YLAND 21201	009	1962
. 2	1 0	CEASED-NAME First		Middle	FEKILLI	Last		DATE OF D	FATH	000	2b. HOUR
to a property		vpe or print)					^~			loy Year	20. 1100K
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ours after a after by the remaining the rema	3. SE								6 AGE (In years last birthday)	MONTHS: DAYS	HOURS MIN
2 2 2	ļ	Male	Whit	e		5/19/			72 YR	5.	
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illedon popers.		IRTHPLACE (State or foreign itry)  N. C.  ITV OR TOWN OF DEATH	U.S.	A	WIDOWE			Har	ford		Md
	10. 0	ITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (18	nat in haspital	12a. USUAL OC	CUPATION (	Kind of work done	12b, KIND OF	BUSINESS OR
vith vith with		Havre de Grace	Give st Ci	reet oddress) t.i.z.en.s. Nui	rsing	Home	Fare	mer	le, even if retired.	12b, KIND OF INDUSTRY	arm
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d cc	14, 1	ATHER'S NAME First	Middle	Last		1s. MOTHER'S MAID	EN NAME First		Middle		Last
in a grand	1	Elijah		Brown				ilda		/ Ab	sher
te l	16a.	WAS DECEASED EVED IN U.S. ADM	ED FORCES?	16b. SOCIAL SECURITY I	10. 17	INFORMANT			Address	,	
equires that the death certificate by physician. Signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and	1	es no or unknown) (If yes give w	or or dotes of service	212-32-089	22	Mary Hud	Her. R	.D. 1	. Aberde	en. Mary	hee l
erti Phen Nov	F	18. CAUSE OF DEATH (Enter ani				, , , , ,		-	,	APPRÓX.N	LATE INTERVAL
in the real first of the contract of the contr		PART I. DEATH WAS CAUSED	y one couse per line BY:	e far (a), (b), and (c)	} - 1	6.27				BETWEEN OF	ASET AND DEATH
Jeo Jeo Jeo		1/10 O IMMEDIA	TE CAUSE (a)	congestiv	e nea	irt lail	ure				
at partition	DUE TO, OR AS A CONSEQUENCE OF										
the state		Conditions, if any, which gove need to immediate cause (a),	due to ge	n. ai	rt. scl.	C.V.D.			4 n	1	
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res reich roll,		last. 4 2 21		uremia							
Phy Sign		PART 2 OTHER SIGNIFICANT CON						TION GIVEN	IN PART 1(a)		
en gen op	공	gangrene bot	th feet,	due to a	rt. i	nsuffic	iency				
lay endigo	18	190. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	2Da. AUTOPS	Y?			CONSIDERED IN CE	RTIFYING
The part of the pa	CERTIFICAT					YES 🔲	NO 🕞		OF DEATH?		
or ore ore		21a. ACCIDENT WAS UNDERLYIN	G 215 TIME OF	INJURY	21c.	HOW INJURY OCCUP	RRED (Enter note	ire of injury	in Port 1 or Port 2	?, Item 18.)	
<b>C</b> 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Month Doy Year							
YSI cert cert the c	WED	21d INJURY OCCURRED 21e.	PLACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY, ) 21F.	LOCATION Street	or R.F.D. Na.	City o	r Town	County	State
PH This Ph Peta		While Not while at wark	,	CREICE BOILDING, ETC	1						
N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		22a. I certify that (1) (thi	s haspital) atte	nded the decease	ed from	TT-50	. 19 67	, ta	-25	9 68 that	(I) (we) lost
A A T A T A T A T A T A T A T A T A T A		22a. I certify that (1) (thi	ive an	-231	9 <u>68</u> , a	nd that in (📺)	(aur) apinion	deoth o	curred an the	date and haur o	and from the
O State	ш	couses stated abave	, 🦬 (we) (did)	view the	body afte	r deoth.					
A se Classification		22b. SIGNATURE		~ .	1	ATTENDING	n MED		STAFF - 22	c. DATE SIGNED	
Pe Se Se ed y		132-	7	10 well				OR 🗆	STAFF DHYS.	-23-68	
A P P P P P P P P P P P P P P P P P P P	L	22d. PHYSICIAN S NAME (Type) Her		,		22e. ADDRE					
Page 4 may be retained by the hospital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attm ding physician and completely filly director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban postulid be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within	L	1101		wak, M. D						e de Gra	ice, Md
HO Be Coul	230.	BURIAL, CREMATION, 23b. 1		23c. NAME OF					(City or Town)	(County)	(Stote)
5 5 5 2 2 ×			Jan. 68	Oak G	rove (	Cemetery	R	.D. B	el Air,	Maryla	nd
'(1)	24	FUNERAL DIRECTOR	/ Tarr	ing Faner	al Ho	me 2	SO REC'D BY RE	GISTRAR 40	25b. REGISTRAT	Mary La	132
VR A15 (4) 30M REV 1/68	16	Viloly Wocank	Abe	rdeen, Ma	rylan	d ı	DATE JAN	40 13	100	G	Ø .

MAKYLAND STATE DEPAKTMENT OF HEALTH



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FOR STATE		0698	32		EDICAL EXAM			-			21201		0098	Ω
HEALTH DEPT		CEASED NAME	First	-	M c	ldle		Last			DATE KNOW		Day Year	2b HOUR
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delay	3 58		4 RACE		OF BIRTH	6 AGE (In years	IF UNDER	DAYS	IF UNDER 24 HOURS	HRS 20	DATE PRONO			2d HOUR
~	Ma.		White		6,1906	O1 YR	S				Manth Jan	Doy 2	Year 19 <b>68</b>	11A #
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offer death 8 Give Pagi along with with the Sio eoth.					institution Residence			134	INSIDE CITY LIM		Be. STREET AND		warrent	ture
within 24 hours ofter death pencil in Item 18 Give Pages 1, cominer's Office along with form 1e pages 1 and 2 with the State Definition ofter death.	00	Imission) STATE	Md_	13b COL	NTY Harford	For	es tHi]		YES NO	1 1	Ady Ro			
ours m 1 Hice nd 2		ATHER'S NAME	First	-	Middle	Last		ERS MAID		First	, , , , , , , , , , , , , , , , , , ,	Middle	Los	†
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hin 24 nool in niner's poges hours	16a 1	WAS DECEASED EVI	ER IN U.S. ARMED		16b SOCIAL SE	CURITY NO	17 INFORMA	ANT (BX	other	)838	-7495 A	DDRESTED#	2,Bex#36	5
be executed within 24 hours "pending" in pencil in Item 1 nief Medica! Examiner's Office onsit permit File pages 1 and 2 event within 72 hours offer d	(1	es po or unknaw	(II Yez g va	war or dates of s	216-07-	-0705	Mr.C.	.Irvi	ngBul	1	Fores	t Hill,	Md.2105	
ould be executed with vord "pending" in pene (hief Medica! Exan altronsit permit File any event within 72		18 CAUSE OF	DEATH (Enter on	ly one couse	e per line for (a), (b),								APPROX MATE BETWEEN ONSET	AND DEATH
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INER: This certificate should be executed within 24 hours after death executions, writing the word "pending" in pencil in Item 18 Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files 3 should be used as a burial-transit permit file pages 1 and 2 with the State Delication, or removal, and in any event within 72 hours after death.		8906	TOWN CONE	IIIOII3 CON	INDUMO TO DUATE	DOT NOT REDITE	) TO THE TER	UPIUME D.	JEAJE OR CO	MADITION	OTATE HE LYKE	(4)		
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This crate, be to I be u	CERTIFICATION				WAS PER								Y ES 🔲	NO V
d bar and a bar	E G	210 EXTERNAL C	'AUSE ₩AS R CONTRIBUTING [	7 216 T	IME OF INJURY Month, OUR A.M 1-1	Day, Year						rt I ar Part 2, I	tem 18)	•
NER: Ticertrice certrice hould by alles should by tion, or trion, or	MEDICAL	CAUSE OF DEATH	H		P.M	. 14 1	stov			e e	ctive			
	2	WHILE NO	T WHILE THE TO	ctory, office	JURY (At hame, farm, building, etc.)	street,	21f. LOCATIO	IN 211661 OF	rk FD, No	F	Cty or Town		County Harf	State Md
LEXA ecute Poge or you R: Pag							a baldas	Auton						y opin on
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please e I director retoined ior to bu											10 /			
JIY, please eral direction be retoin prior to		ACTUAL SIGNATURE	erold	( //	alm		M	D. ASSIS	TANT MEDIC	AL EXAMI	NER .	22b DATE	SIGNED	64 .
TO DEPUTY SICA necessary, please ex the funeral director. 5 may be retoined TO FUNERAL DIRECTOR Health prior to bun		EXAMINER'S NAME (Type)	Ger,	10	( Pa/	ne;	h D		RESS(Street, o	city, tawn	, or county)	7	2.68	
5 = 2 5 = 1	23a	BUR AL CREMAT REMOVAL (Special Burial	fuel	DATE 1.4.19		AME OF CEMETER			Cem		CATION (City o		(County 1056 f. Co.	rate)
19	24	FUNERAL DIRECTO	QR .	W	Broadway				2Sa RECD	BY REGIS	TRAR 25	b REGISTRAR'S		
VR A15ME 15.	- 5	Striam.		Be	el Air, Ma			1	DATETAR	· 1	1968	Ochon	read Judy	R.
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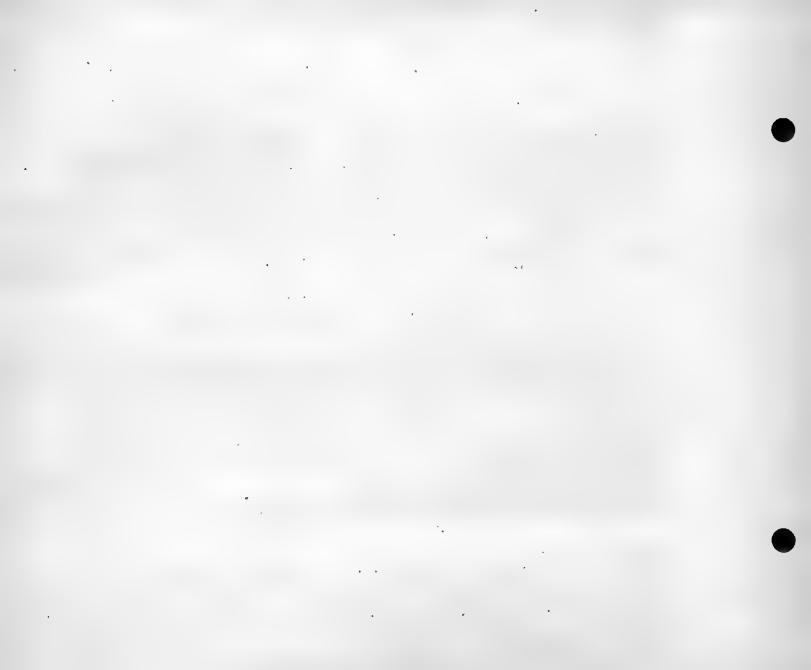
1		) STATE DEPARTME			
96983	DIVISION OF VITAL RECORDS, :	ERTIFICATE OF D		MARYLAND 21201	00981
1 DECEASED NAME Firs (Type or print) MABEL	1 Middle HORNBARGET	R B URKE	2g DA	TE OF DEATH Month Do	Y 12 Year 68 3'30 P
Jemale.	4 RACE White	Septio	Н	6 AGE (In years last birthday)  (c) YRS.	1F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or foreign country)	1 3 B	8 MARRIED NEVER MARRI WIDOWED DIVORCE	ED 7. COUNT	y of DEATH	٨
10 CITY OR TOWN OF DEATH &	11. NAME OF HOSPITAL OR INST give street oddress! 421 S. Mil	on Ouc	during most of wor	TION (Kind of work done king life, even if refired.)	126 KIND OF BUSINESS OR INDUSTRY
130 USUAL RESIDENCE (Where dece- odmission) STATE	osed lived, if institution: Residence before	13c CITY OR TOWN 13	YES NO 14	de STREET AND NUMBER	RJ. Edgewood
14. FATHER'S NAME CHOILE	Middle Howberg	115 MOTHER'S MAIL		Middle	tost FRASCH
160. WAS DECEASED EVER IN U.S. Al Yes, no, or unknown) (If yes give	MED FORCES? (was or dates of service)  16b SOCIAL SECURITY N  226 - 20 - 75		_8h. *	Address Invro do Grac	
PART I DEATH WAS CAUS	only are cause per line for (a), (b), and (c).) ED BY: HATE CAUSE (a)  Cerebra	vasculare ac	cident		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	ebrale arteri			
rise to immediate cause (a) stating the underlying couse lost.	Bala an an an annuar an an				
	ONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL I	DISEASE OR CONDITION	GIVEN IN PART 1(a)	
19g DATE OF OPERATION 191	. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPS		Ob. IF YES, WERE FINDINGS ( AUSES OF DEATH?	ONSIDERED IN CERTIFYING
210 ACCIDENT WAS UNDERLY S or courte butting cause of de actif either, notify medical exam	ATH HOUR A.M. Manth Day Year	21c HOW INJURY OCCUP		f injury in Port 1 or Port 2,	Item 1B.)
21d. INJURY OCCURRED 21 While Not while at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	21f. LOCATION Street	or R.F.D. No.	City or Town	County State
22n Leartify that (I) /t	his haspital) attended the decease alive an19 ve, (1) (we) (did) (did not) view the b	from, and that in (my)	, 19, to (aur) apinian de	, 19 ath occurred an the do	, that (I) (we) la ate and hour and fram th
22b. SIGNATURE	A A A A A A A A A A A A A A A A A A A	DEGREE PHYS.		275	DATE SIGNED
22d. PHYSICIAN'S NAME (Type)	Lagos Mezri,).	22e ADDRE	27	, Maryland	
REMOVAL (Specify)		EMETERY OR CREMATORY		CATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS		SO REC D BY REGISTR	AR 1988 REMARKS	SIGNATURE Judge

ni in

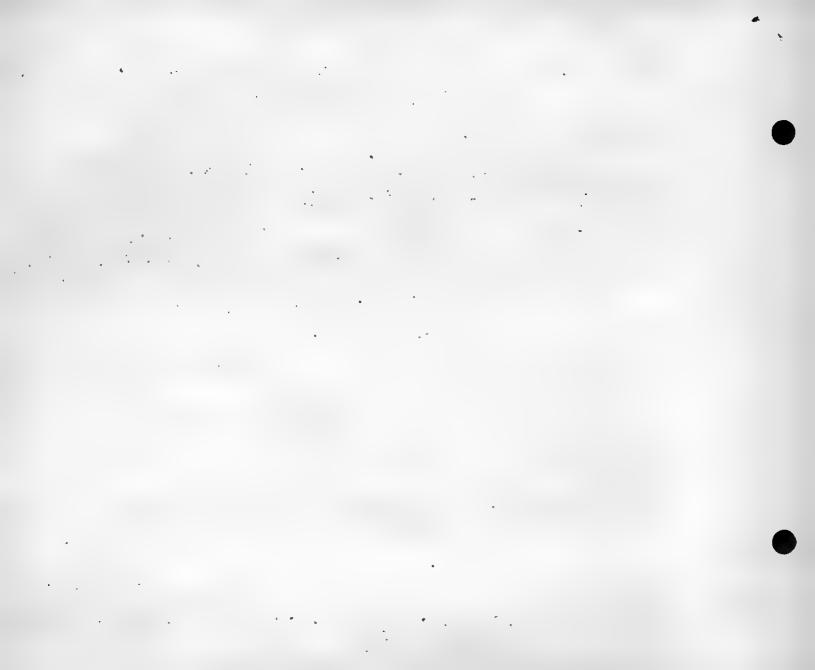
).		i			AND STATE DEPARTMENT		
1	` 1		10384	DIVISION OF VITAL RECORD	DS, 301 W. PRESTON STREET, E	BALTIMORE, MARYLAND 21201	
*	•		10203		CERTIFICATE OF DEAT	TH	00982
ſ	4 24		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	eral eral eral	(	pe or print) L	IAN M.	Charsha	JANUA Month	5 34
	5 E	3. 5	(	4 RACE	S DATE OF BIRTH	6 AGE (In/yeors lost, birthday)	IF LINDER YEAR IF UNDER 24 HRS.
	24 haurs after death ad in prine funeral ipers, pages and i		-emale	White	6/28/	1902 lost birthday) YRS	MONTHS DAYS HOURS MIN
	and		IRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEWER MARRIED	9 COUNTY OF DEATH	
	gers d	1 4	1/1w Tonb	U.S.A.	WIDOWED M DIVORCED	[ [ ] [ ] [ ] [ ]	Md.
	within within within	10. (	TY OR TOWN OF DEATH	aga ctroot (direcc). A	dun	USUAL OCCUPATION (Kind of work done ing most of working life) even it settined.)	126 KIND OF BUSINESS OR INDUSTRY
	etely proporti, w	130	AVE DE OF	ACC HAS total	gre 13s LITY OR TOWN 2 2 38 INSIDI	E CITY LIMITS? 138. STREET AND NUMBER.	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filling a 3 should be detached far use as the burial-transit permit. Then please remove carboty pied with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within	odi	relating Cant	13b. COUNTY Tarking	borne de Goes		reard UT
	and contraction any	14	ATHER'S NAME FIRST	Middle Lo:	TS. MOTHER'S MAIDEN N	AME First Middle	Lost
	Se r		Jehn Han	elman	angust	- Henduson	
	physician creater places per please cayal, and ir	169	WAS DECEASED EVER IN U.S. ARP	MED FORCES? var or dotes of service)  16b SOCIAL SECUR	TTY NO 17 INFORMANT	Harling Address 316	- Cheard Ist.
	erti: phen hen navo	F	DE CAUCE OF DEATH (F-)	1 (1) (1)	War years	Ce Proportion Ale	APPROXIMATE INTERVAL
	te death cer attending p permit. The ian, ar rema		PART I DEATH WAS CAUSE	lly ane couse per line for (a), (b), and D BY	Man, Lean	t parluse de	BETWEEN DISET AND DEATH
	attendi attendi permit. ian, ar r	П	Town,	ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE	Or T	7	Telm
	t the a the a sit pe	П	Conditions, if ony, which gave:		Da	led	
	or the transition of the trans	L	rise to immediate couse (a),	(b) DUE TO, OR AS A CONSEQUENCE	OF.		
	icial icial icial id b il-tro	П	stating the underlying couse last.	(c)			
	t: The law requires that to are attending physician. The has been signed by the trace as the burial-transit outh priar to burial, are main.		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(o)	
	haw reconstruction of the construction of the	2	4-1.				
	tending s been as the oriar ta	12	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WA	S PERFORMED 20g. AUTOPSY?		CONSIDERED IN CERTIFYING
	The latter after has less as the pri	CERTIFICATION				IO CAUSES OF DEATH?	
	* P # 7 P		210. ACCIDENT WAS UNDERLYING	NG 216 TIME OF INJURY TH HOUR A.M. Month Day		(Enter nature of injury in Port 1 or Port 2	, Item 18.)
	SICU Spiritification of the control	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M.	19		
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushauld be filed with the State Dept. at Health	22-	TITLE TO STATE	PLACE OF INJURY (AT HOME, FARM, STREE	T. FACTORY.) 21f, LOCATION Street or R.F.	D No. City or Town	County State
	the de lite I		of work at work	is harnitall attended the dec	agend from I A N 2	10 68 to 1 And 3 1	9 60 that (I) (we) last
	ADING d by the After d be d e State	ı	saw the deceased o	live on JAN 3	1958, and that in (my) (our	19 <u>68</u> , to <u>JAN 3</u> , 1 r) apinian death occurred on the c	date and hour and from the
	ATTEN stained CTOR: / shauld ith the	L	causes stated above	e, (l) (we) (did) (did not) view	the body ofter deoth.		
	HOSPITAL OR ATTENDING ge 4 may be retained by th FUNERAL DIRECTOR: After t retar, page 3 shauld be de rould be filed with the State	П	22b SIGNATURE	AMARKI-	DEGREE PHYS	MED STAFF CO	c. DATE SIGNED
		П	22d. PHYSICIAN'S	0000	DEGREE PHYS 22e. ADDRESS	P DIRECTOR CO PRITS. CO	
	PIT/ mg ERA ERA d be	ш	NAME (Type)				
	TO HOSPITAL O Page 4 may be TO FUNERAL DII director, page Shauld be filed	230		DAJE 23c NAME	OF CEMETERY OR PREMATORY	23d OCATION (City or Town)	(County) (State)
	24 25		REMOVAL (Specify)	16/68 cm	sel tree	EC'D BY REGISTRAR 2Sb. REGISTRAR	es ciculating
	VR AT AN	J24.	FUNERAL DIRECTOR	D 1/40	Slace May 250. R	EC'D BY REGISTRAR 2Sb. REGISTRAR	S DIGNATURE
	SUM KDE 1/06	يرا	monnin	O con 1- samuel	cace/Veg DATE	JAN 5 1968	danker yourse



	1	38985 DIVISION	MARYLAND STATE DE OF VITAL RECORDS, 303 W. PREST	PARIMENT OF HEALTH ON STREET RAITIMORE MARY	IAND 21201	
FOR STATE		36363	•	CERTIFICATE OF DEATH	DITO ATAVI	00953
HEALTH DEPT.		ECEASED NAME First	Middle	Lost	20. DATE KNOWN Month	Doy Year 2b HOUR
.≅ 2 € 3	(	ype or Print) FRED	RAD	CORDUA	OF ESTI Jan.	29 168 3 P.
delo and delo and delo and delo	3 5	X 4 RACE	S DATE OF BIRTH 6 AGE (In yet	RS IF UNDER YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN	2c DATE PRONOUNCED DEAD	2d. HOUR
		Male White	AUG.9/920 47	'RS	Month Jan. Doy 29	, Year 1968 3 P.N
Depart	7а I				INTY OF DEATH	
5 5		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUT		CCUPATION (Kind of work done []:	2b. KIND OF BUSINESS OR
the Sto		Havre De Grace	give street oddress) Har force	Mom Hoggs during most o		NDUSTRY. HLBER CORP.
2 5 5 F E			lived, f institut on Residence before 13c (		MICAL ENG. 12	J.M. MCHEK CONL
18. Gree olong	a	dm ssion) STATE Maryland		vre deGraces \ NO \	ROUTE 155 - ST.	ARROUTE
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pagishould be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. Fire pages land 2 with the Stonation, or removal, and in any event within 72 hours after death	14. F	ATHERS NAME First	Middle Last	IS MOTHER'S MAIDEN NAME First	Middle	Losi
24 th		FREP	R. CORDUP	GERTIRUDE A.	BERNATHY	
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FOI es, na, ar unknawn)         (#1)		17. INFORMANT	ADDRESS (D)	STAR KOULE
Exam Fire		YES ZMEW	ORIO WAR 579-05-500	LAURA M. CORDUA	HOVREDEGRA	APPROX MATE INTERVAL
red caf E		18 CAUSE OF DEATH (Enter on y PART I, DEATH WAS CAUSED E	one couse per line far (a), (b) and (c) )	tio Condionosoulou	Discosso	BETWEEN ONSET AND DEATH
ding ding feding perm		11/29 IMMEDIATE	(AUSE (o) Alteriosciero	tic Cardiovascular	Disease	-
pe e pen lef A		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
The Child by the C		rise to immediate cause (a), ( stating the underlying cause (	(b) DUE TO, OR AS A CONSEQUENCE OF			
KAMINER: This certificate should be executed witten the certificate, writing the word "pending" in pergress 4 should be forworded to the Chief Medical Examyour files.  Sage 3 should be used as burial-transit permit. Fire cremation, or removal, and in any event within 72		lost	(c)			
of to d to a b			ONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)	·
rif co iting ordec il os al, a	8	700				
ter orwo used	Ğ	19a, DATE OF OPERATION	19b COND TION FOR WHICH WAS PERFORMED?	OPERATION		20. AUTOPSY?
MER: This certificate, writh the certificate, writh should be forword files.  3 should be used solion, or removal	CERTIFICATION	21a EXTERNAL CAUSE WAS	21b TIME OF INJURY Manth, Day, Year	21c HOW INJURY OCCURRED (Enter natu	us of nurs in Dort 1 or Oast 2 Hor	YES 🔀 NO
두 등 을 입	8	PRIMARY OR CONTRIBUTING	HOUR A.M.	1210 FOW MOOK OCCURED (CITIES FOLIS	te of injury to Futt t of Futt 2, then	11 10 )
INER. should should files.	MEDICAL		ACE OF INJURY (At home, form, street,	21f. LOCATION Street or R.F.D. No	City or Yown	County State
ICAL EXAMINER: secute the cert for. Page 4 shoult ed for your files. CTOR:Page 3 sho. buriol, cremotion		WHILE NOT WHILE I factor	ry, affice building, etc.)			
			ok charge of the remains described ab	ove, held on Autopsy 🔀 , In:	spection , Inquiry ,	ond in my opinior
TY SICAL E  7, please executed director. Pa  be retained for  tal DIRECTOR: f  prior to buriol,			Natural causes X Accident		Undetermined manner	3
please e la director retained L DIRECTOR ior to bu		ACTUAL MESAL	01.53	CHIEF MEDICAL EXAMIN		
rry, perol be re		SIGNATURE COLOR	Sherica	M.D ASSISTANT MED CAL EXA		IGNED -30-68
o DEPUTY necessary, p the funerol 5 may be ra 6 FUNERAL Heolth price		EXAMINER'S NAME (Type)	Werner U. Spitz, M.	DEPUTY MED CAL EXAM ADDRESS(Street, city, to	THEN	50 00
TO DEPUTY necessary, the funerces may be for FUNERA TO FUNERA Health page 100 FUNERA 100	230	BUR AL CREMATION, 235 D.	ATE 23c NAME OF CEMET			(County) (State)
		REMOVAL (Specify)- FEA		PARK (EM.Co. 1	3ALTO.	Mo.
33		FUNERAL D RECTOR	ADDRESS.	250 REC'D BY RE	and a	GNATURE
VR A15ME (5) 10M REV 1/68	1/1	Madison Mil	chell Havred, Lea	estill. DATE: 3	2 1383 Milarl	as Justin



- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	ODDES  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	00984
-  -	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b HOUR_
	(Type or pnnt) MARY Clema CRESMER JANUARY Day	Yeor 68 18 AT
3.		INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN
7a.	To. BIRTHPLACE (Stote or foreign U.S.A.   8 MARRIED NEVER MARRIED   9. COUNTY OF DEATH WIDOWED DIVORCED   HARFER &	Mo
10.	O CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work dane give street address)  HAURE & CRACE  Shoe Fac. Worker	26 KIND OF BUSINESS OR NOUSTRY Shoe Factory
130 ad	30. JSJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d PRIDE CITY LIM 152 13e STREET AND NUMBER 13b. COUNTY HARFER HAVE STATE NO RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d PRIDE CITY LIM 152 13e STREET AND NUMBER 13b. COUNTY HARFER HAVE STATE NO RESIDENCE CITY LIM 152 13e STREET AND NUMBER 13c CITY OR TOWN 13d PRIDE CITY LIM 152 13e STREET AND NUMBER 13c CITY OR TOWN 13d PRIDE CITY LIM 152 13e STREET AND NUMBER 13b. COUNTY HARFER 13b. COUNTY HARFER 13c CITY OR TOWN 13d PRIDE CITY LIM 152 13e STREET AND NUMBER 13c CITY LIM 152 13e STREET AND NUMBER 13c CITY OR TOWN 13d PRIDE CITY LIM 152 13e STREET AND NUMBER 13c CITY LIM 152 15e STREET AND NUMBER 13c CITY LIM 152 15e STREET AND NUMBER 13c CITY LIM 152 15e STREET AND NUMBER 15c CITY LIM 152 15e STREET AND NUMBER 15c CITY LIM 152 15e STREET AND NUMBER 15c CITY LIM 15c C	
14	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
L	William Cresmer Mary F.	Trago
16	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, qo, or unknown)  (If yes give wor or dates at service)  220-01-1280  **Hearth Helen Hughes, Havre de C	
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leeh & Leeh & Lee Cuching	3d Ays
П	Conditions if any, which gave	>00
П	nse to immediate cause (a), (b)	2000
L	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
2	// 6 4	
ATIO	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
DT1E1/	YES NO X CAUSES OF DEATH?	
		18.)
IFBIL	岩 (If either, natify medical examiner) PM. 19	54.
	While Not while of work	ounty State
	220. I certify that (I) (this hospital) attended the deceased from MAY 12, 1966, to TAN 24, 1965 saw the deceased alive an AN. 24, 1963, and that in (my) (our) opinion death occurred on the date a	_, that (I) (we) las
	causes stated abave, (I) (we) (did) (did nat) view the bady after death.	and fidus dild from [II
	226. SIGNATURE 22c. DARE 22c. DARE	SIGNED /
	DEGREE PHYS DIRECTOR PHYS.	25/68
	22d. PHYSICIAN'S NAME (Type) Dudley Phillips (n) Fox300 DARCINGTO	NMD
23		ounty) (State) Marriand
24	24 FINERAL DIRECTOR	NATURE
	Wilst was auch & Aberdeen, Maryland DAIL AN 29 1968 Policyle	Judge
Sec.		



1			10381	DIAIZION OF ALLY				E, MAKTLAND 21201		
1					CEI	RTIFICATE OF	DEATH		00985	
1	€ -2=		CEASED NAME First	0	Middle	Last	2a.	DATE OF DEATH	Źb. HQU	R
Jane .	de de de	Į Į	ype or print) Leo	4		DAVIS		JANUACI	116 1968 57	\$ M
	offer offer offer	3. SI		4. RACE	1	S. DATE OF BI	IRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H	(RS.
	the the ages of safe		MAle	Whi	37	21 Feb	ruary 190	5 lost birthday)	RS. MONTHS DAYS HOURS A	AIN.
	1 a	7a	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COL	INTRY? 8	MARRIED NEVER MAR	RIED 9 COL	INTY OF DEATH		
	opers	COUI	TA.	USA			RCED	bantant		Md
	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10 (	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITU	TION (If not in hospital	120. USUAL OCC	UPATION (Kind of work do	12b KIND OF BUSINESS OR	_
	with ely bon with	11	avre de Grac	give street of	ocd Mo.	morial Ho	during most of Secur	warking life, even if retired ity Guard	U.S. Govt.	
	od v Slete carb	130	JSJAL RESIDENCE (Where decease	sed lived, if institution Re	sidence befare 13	CITY OR TOWN	136 INSIDE CITY LIMITS?	13e. STREET AND NUMBER	0 . 0	
	campletely ave carbor y event, wit	odm	ssion) STATE Md	136. COUNTY	rd   1	therdeen	YES NO	700 W. Be	d His Ave.	
	s execute and camp remave n any eve	14.	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MA	AIDEN NAME First	Middle		
	be ex and e rem lin an		John	Milton	Davis (	D)	Mary	Ida	Stanslause	(D
	ertificate b physician nen please laval, and i	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. S	OCIAL SECURITY NO	17. INFORMANT		Address		_
	hysi hysi val,	'	es, no, or unknown) diffyes green Yes	O-Nov.40 29	4-01-5548	Wife,	same as	13 a,c & e		
	equires that the death certificate be executed vphysician. signed by the attending physician and camplete burial-transit permit. Then please remove carburial, cremation, ar remayal, and in any event,		18. CAUSE OF DEATH (Enter or	ly one cause per line for (	a), (b), and (c).)		· 0	1 7	APPROXIMATE INTERVAL BETWEEN ONSET AND OBJETH	
	ath ndir iit. ir re		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	K	lyvearo	hall	refuche	n / da	1
	attending permit. The		410,9	DUE TO, OR AS A CO	NSEQUENCE OF	0		7		
	the the sit b		Conditions, if any, which gave	/6)						
	that In. by 1 by 1 cans rem		ase to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CO	NSEQUENCE OF					
	es sicic ed l ed l al-ti		lost	(c)						
	equires that the physician signed by the burial-transit burial, cremati		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE OR CONDITI	ON GIVEN IN PART 1(o)		
		z	47:1							
	attending bas been se as the h priar to	STE	19a, DATE OF OPERATION 19b	CONDITION FOR WHICH OPE	RATION WAS PERFO	MED 20a. AUTO	PSY?		S CONSIDERED IN CERTIFYING	
	The after a part of the part o	CERTIFICATION				YES 🗀	177	CAUSES OF DEATH?		
	AN: The		21a. ACCIDENT WAS UNDERLYII			21c. HOW INJURY OCC	CURRED (Enter notur	e of injury in Port 1 or Port	2, Item 18.)	
	pital prital rtific ad fe	<b>■FDICAL</b>	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Mon iner) P.M.	th Doy Year 19					
	HAS has cer iche ipt.		21d INHIRY OCCURRED 21e	PLACE OF INJURY (AT HON	E, FARM, STREET, FACTORY	21f. LOCATION Stree	et or R.F.D. Na	City or Tawn	County State	,
	this the detector of the De		at work at work				_			
	ING by 1 frer be o		22a I certify that (I) (th	nis haspital) attended	the deceased	RUNA L mg	14101968.	1051 HN 16,	1968, that (I) (we) date and hour and from	last
	END eed S: A sid he s		sow the deceosed o	e, (I) (we) (did) (did n	at) view the bac	يق_, and that in (m v after death	y) (aur) apinion	deoth occurred an the	date and hour and from	the
	TTO tain the short the sho		22b SIGNATURE	e, (i) (we) (did) (did ii	ar) view irie bac	y uner deam.	/ -	1 2	2c. DATE SIG	—
	. OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 should be detached far u led with the State Dept. af Healt		tok	& you		DEGREE PHYS.	NG MED. DIRECTO	STAFF .	116 68	
	AL on the page of file		22d. PHYSICIAN'S NAME HYPP	0.15	V	22e. ADD	ORESS / 1 1 12 0	0 4- 6	PACELI	1
	O HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspi O FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. at		- Luci		YUN		TIHUK	12.11/2 9	-N CB / 10	<u>_</u>
	O HO O Fig.	23a.				FTERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)	.3
	5- 5- 4				Bel Air I	lemori <b>al</b> Ga		l Air (Harf		1
	VR A S (A)		FUNERAL DIRECTOR HOUSE	Wacomber L	fo .	07.007	DATE AN I	1968 REGISTRA	arla Judge	
	SUM REY ATOB	T	arring Funeral	Home, Aberd	een, Md.	5T00T	DATE	1004	00	

MAKYLAND STATE DEPARTMENT OF HEALTH

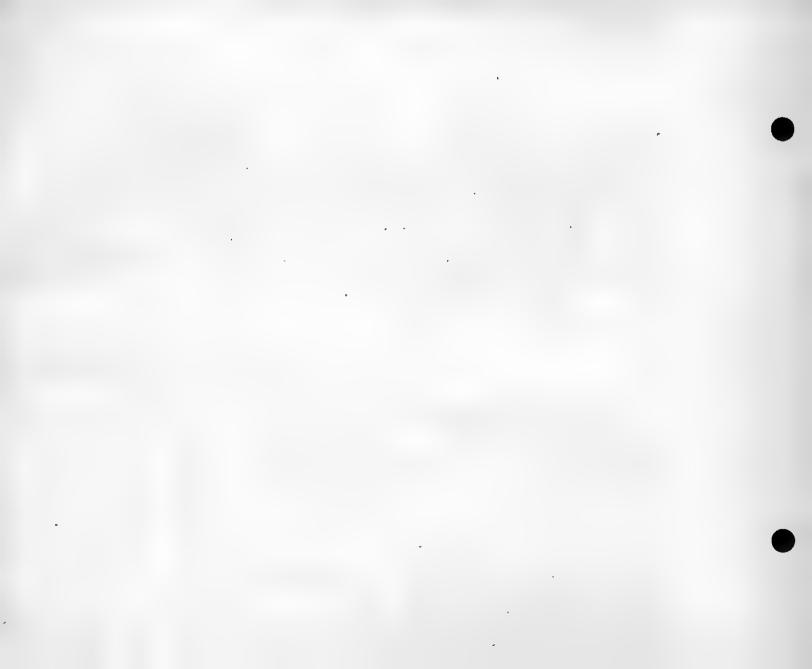


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, 1		20003	MARYLAN DIVISION OF VITAL RECORDS,	D STATE DESAMENT		1901
'		00989	00987			
-		CEASED-NAME First ype or print)	Middle	Last	2a. DATE OF DEATH Month	Doy Yeor 2b. HOUR
<b>(2)</b>	3. SE	Alice X	4. RACE	S. Davhoof S. Date OF BIRTH	6 AGE (In y last birthd	FINDER LYFAR F INDER 24 HRS
	7. 0	F	The Control of Maria Collations	1-7-13	890 78	YRS.
	COUNT	try)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED [ NEVER MARRIED [ WIDOWED ] DIVORCED [		44.2
		Md ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in baspital 12	20 USUAL OCCUPATION (Kind of war uring most of working life, even if r	rk dane 12b KIND OF BUSINESS OR INDUSTRY
2	13a	Havre de Grace USUA. RESIDENCE (Where deceose ssion) STATE	d lived, if institution. Residence before 13b. COUNTY	13c. CITY OR TOWN 13d INS	SIDE CITY LIMITS? 13e. STREET AND NUI	MBER
9.	14. F	ATHER S NAME First	Middle Lost Preston BEALE	Bel Air IS MOTHER'S MAIDEN	NAME First Wilgis	Arddle Last
	16a. Y	WAS DECEASED EVER IN U.S. ARMI es. no, or unknown) (If yes give we	ED FORCES? 16b SOCIAL SECURITY I	10. 17 INFORMANT (Hust	mod 38-3624 A	ddress TEFA# 2, And 282 Belling Md, 21014
			one cause per line toy (a) (b) and (c) BY	7:0	deac / Talus	APPROXIMATE INTERVAL BETYPEEN ONSET AND DEATH
		Conditions, if any, which gave)	DUE TO, OR AS A EGINSTATOENCE OF	100	Endir-Voscol	Par sys
		rise to immediate cause (a). stating the underlying cause ast.	DUE TO, OR AS A CONSEQUENCE OF	. sudary 6	wwig taleter	as sturs.
	N.	PART 2 OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(c	n)
1	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	YES 🗀	NO CAUSES OF DEATH?	NDINGS CONSIDERED IN CERTIFYING
	₹	21a ACCIDENT WAS UNDERLYING or contributing cause of Death (if either, natify medical examini	HOUR A.M. Month Day Year P.M.		D (Enter nature of injury in Part 1 o	r Part 2, Item 18.)
	MEDI	21d. INJURY OCCURRED 21e. I Whole Not while at work	PLACE OF INJURY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC		0	County State
		22a. I certify that (I) (this	s haspital) attended the decease ive an1 (I) (we) (did) (did not) view the	ed from9 96, and that in (my) (or body after death	ur) apinian death accurred ar	, 1967, that (I) (we) last the date and haur and fram the
		22b SIGNATURE OF PR	estaley m	DEGREE PHYS	MED. STAFF DIRECTOR PHYS	22c. DATE SIGNED/
10		23d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		7
Sit	23 c	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	49my19,1968 mt. 2:00		23d LOCATION (City or To	- Good Co. Md. 21014
_Y 68	24.	FUNERAL DIRECTOR	STET BEL Air, MA	TO CHIDAN S OLL	.IAN / 4 1000	GISTRAR'S, SIGNATURE
	-	Vince 10	7.			-



</th <th></th> <th>MARTIAND STATE DEPARTMENT OF HEALTH  O VEQ O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201</th>		MARTIAND STATE DEPARTMENT OF HEALTH  O VEQ O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH :
HEALTH DEPT.	1 D	INEDICAL EXAMINERS CERTIFICATE OF DEATH
	(	Type or Profit
oy is	3 5	DENTA MALES JOST CO.
e de d		M W may 20, 1895 lest birthday) MONTHS ONS HOURS MAIL Month Day 30 Year 19 68 57 M
De Pr.		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
S S S S S S S S S S S S S S S S S S S	TO S	Altimore, Manyland U.S.A. WIDOWED DIVORCED HUT-+37-4
hours after deoth Office along routh form Tand 2 with the talk De	10. (	TY OR TOWN OF DEATH  11 NAME OF MOSPITAL OR INSTITUT ON (f not in hospital during most of work done during most of working life, even if retired.)  120. LSLA. OCCUPATION (Kind of work done during most of working life, even if retired.)  11 NAME OF MOSPITAL OR INSTITUT ON (f not in hospital during most of working life, even if retired.)  12 Local Company (Rind of work done during most of working life, even if retired.)
2 S E E	13a	USUA, RESIDENCE (Where deceased lived if institution Residence before T3c CITY OR TOWN 13d IMS. OF CITY LIMITS? 13e. STREET AND NUMBER
_ ∞ o ≥ =	a	Idmission) STATE manyland 13b (OUNTY HAmbord BET HE YES NO & 5 Lake Fanny Road
24 hours in Item 18 r's Office of second 2 v and 2 v	14	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
24 in 11 in	_	Charles G Dentry Henrietta DAMES
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17 INFORMANI (WITE) 838 - 4350  ADDRESS  Light Fairly Read  Light Fairly Read  218-32-0621  Mrs. Elsie-Catherine Deutry Toel life, marging 21014
ed with in person I Exor		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL STRUCKS AND OF THE
be executed "pending" in the Medical E ansit permit. Fevent within		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple Scle) - USI
exe endi Me t pe		347 X DUE TO, OR AS A CONSEQUENCE OF
be 'pe	-	Canditians, if any, which gave a rise to immediate cause (a), (b)
vord re Ch al-tre		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should be en ward "perion the Chief burial-tronsit in any ever		lost
certificate should be executed within writing the word "pending" in pencil reworded to the Chief Medical Examine used as a burial-transit permit. File pagnoval, and in any event within 72 hou		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
nis certific te, writin forword e used os removal,	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
This core, be for the unit of the unit or rem	Ě	WAS PERFORMED? YES ☐ NO 🔀
MINER: This the certificate, 4 should be four files. e 3 should be usen files.		21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING 10 HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
INER: To certifice should be files. 3 should barrow, or	MEDICAL	CAUSE OF DEATH P M 19
KAMINER: te the certit ge 4 should your files. oge 3 shoul	₹	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, white most written factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. (1ty or Town County State
		AT WORK LI AT WORK LI
<b>3</b> × × × × × × × × × × × × × × × × × × ×		22a I certify that I took charge of the remains described above, held an Autapsy , Inspect an A Inquiry , and in my apinian
blca director. etained DIRECTOR		death resulted from: Notural causes 🔄, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌
YY BICAL EXA  Y, please execute  red director. Page  e retained for you  AL DIRECTOR: Page  prior to burial, cr		ACTUAL Yardel C Palman CHIEF MEDICAL EXAMINER 7 30-60
		MONATURE TO A STATE OF THE STAT
necessory, p the funerol 5 may be re 10 FUNERAL Heoth prior		NAME (Type) Gerold C Tolner medical Examiner of ADDRESS(Street, city, town, or county)
TO DE PROPERTIES TO FILE	230	DEHOVAL /Samural
`		BuriAl HEP 1/168 INTRUDOD CEMETERY BATTIMETE BATTIMET CO. MAINING
VR A15ME (5)		TUSEPH William Foster Bell Him mornland Zour Date FEB 1 1968 Charles Judge
10M REV 1/68	<u></u>	
		- Hopic wellow - frete



	4	MARYLAND STATE DEPARTMENT OF HEALTH						
In 19	ı	JJ394 D			BALTIMORE, MARYLAND 21201	00959		
7	ı			CERTIFICATE OF DEAT	TH TO THE TOTAL THE TANK THE T	() () () ()		
£2 = 25 €		CEASED-NAME Pirst	/ Middle	Lost	2a. DATE OF DEATH	26 HOUR		
and death		Dessie	<u> </u>	EVANS	JANUARY 2	1968 3-AN		
ges Tarter after	3. \$	× ,	4. RACE	S. DATE OF BIRTH	6. AGE (In feors last birthdoy)	FUNDER LYEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MEN		
		Female	White	11/09/10	- 1000 Oct YRS.			
in bers	cant		o. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	HALFOR OF	Ma		
Page de la company de la compa	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	STITUTION (if not in hospital 120	USUAL OCCUPAT ON (Kind of work done	126 KIND OF BUSINESS OR		
within within within	4	arre de Grac		M. NOSD.	ng most of working life, even if retired.)	Howeve AVy		
ecuted wit campletely ove carbai		USUAL RESIDENCE (Where deceased ssian) STATE	lived, if institution, Res dence before	HAVE OF TOWN 13d INSIDE	CITY LIMITS? 13e. STREET AND NUMBER NO $\Box$ 7.35 0 f see	ao St.		
nnd rem	14	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NA		Lost		
ertificate be physician c nen please iaval, and ii		WAS DECEASED EVER IN U.S. ARMED	v elector of encoura)	NO. 17 INFORMANT	235 Older	of Rt.		
physen produced produ		no.	unk	Edward Wa	us Hour de a	APPROXIMATE INTERVAL		
ne death cel attending p permit. The		18. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B	ane cause per line far (a), (b), and (c	))		BETWEEN ONSE INTERVAL		
he death attendir permit.	П	IMMEDIATE	CAUSE (a)	mu u		246		
t the the all sit per notian	L	Canditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE OF	un clasto	Conclus - vosa	On I war on		
hat n. yy # ansi	L	rise to immediate cause (a) ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF		Copicoa			
quires that t physician. signed by the burial-transit burial, crema	П	lost.	(c) 200	all alesea	3t			
phy phy sign buri		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(a)			
w re ling sen the r ta	종	443X						
AN: The law re standing fractions as the fraction of the standing fractions as the Health print to	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING		
ar aff		21a. ACCIDENT WAS UNDERLYING	23b. TIME OF INJURY		(Enter noture of Injury in Port 1 or Port 2,	Item (8)		
YSICIAN: aspital ar certificate thed far u	EDICAL	or contributing (ause of death fif either, notify medical examiner)	HOUR A.M. Month Doy Yea		terres residue of respity in Form 7 or Form 2,	nen 10.j		
ATTENDING PHYSICIAN stained by the haspital of CTOR: After this certifical shauld be detached far ith the State Dept af He	33	21d. INJURY OCCURRED 21e. PL While Not while	ACE OF INJURY (AT HOME, FARM, STREET, F		D No. City of Town	County State		
de de la company	П		hospital) attended the decea	rod from	1968, to 1-34, 19	A V that (I) (wa) las		
VDING d by t After d be d	1	snw the deceased aliv	e on 1 - 24	196 X, and that in (my) (our	) opinion deoth occurred on the do	ote and hour and from the		
TITE aine 108:	1		I) (we) (did) (did not) view the	body ofter deoth.		D. 172 (10117)		
OR ATTENIOR DE retained DIRECTOR: /	П	22b. SIGNATURE	1/1/4.201	DEGREE PHYS.	MED. STAFF STAFF	DATE SIGNED		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36992 CERTIFICATE OF DEATH 00330 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First Lost Month (Type or print) 50 NUARY 4. RACE S DATE OF BIRTH IE LINDER I YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years DAYS MONTHS 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED countryl DIVORCED [ 24 en pleose remove carbon pap foge the control of the state of the certificate has been signed by the attending physician and conversely may director, page 3 should be detacked for use as the bunal-transit permit. Then please remove carbon page chauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12a. USJAL OCCUPATION (Kind of work dane 125 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital The law requires that the death certificate be executed within during most of und fe. even if retired.) 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived of institution. Residence before 13c CITY OR TOWN MS DE CHY LIMITS? 13b COUNTY adm ssion) STATE YES X NO 14 FATHER'S NAME Middle IS. MOTHER'S MAJDEN NAME First First Last 160. WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SEGBRITY NO. [ ( fiyes give wor or doles of service) Yes, no, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for\_(a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY cto IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or ottending 19a, DATE OF OPERATION 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO -21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME EARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work at wark 22a. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_, 1968, ta\_\_\_\_\_\_, 1968, ta\_\_\_\_\_, 1968, ta\_\_\_\_\_, 1968, and that in (my) (our) opinion death accurred an the date and have and from the causes stated abave. (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS. NAME (Type) 23g BUR AL MEMATION. 23 MAME OF CEMETERY BRICREMATORA COCATION (City, or Town) (Stote) REMOVAL (Specify)

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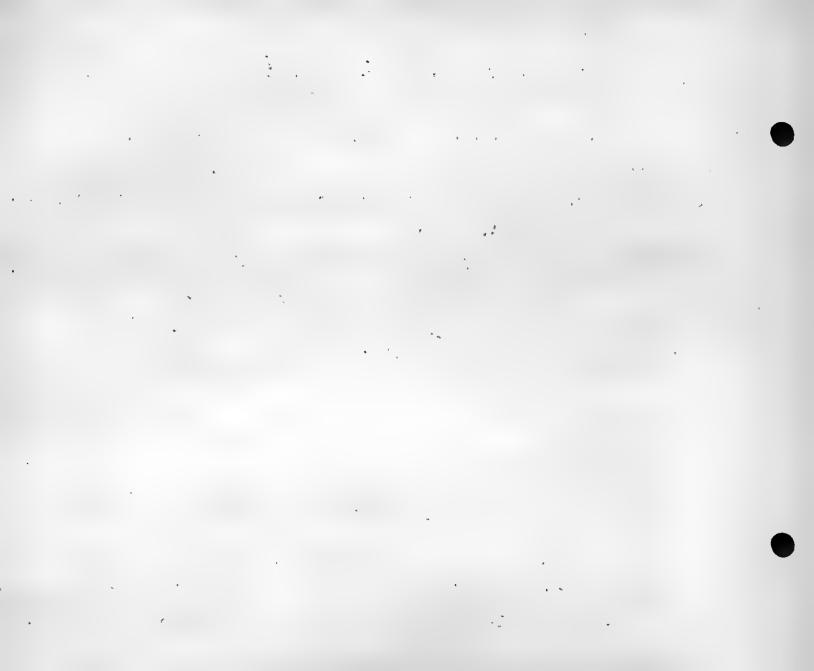
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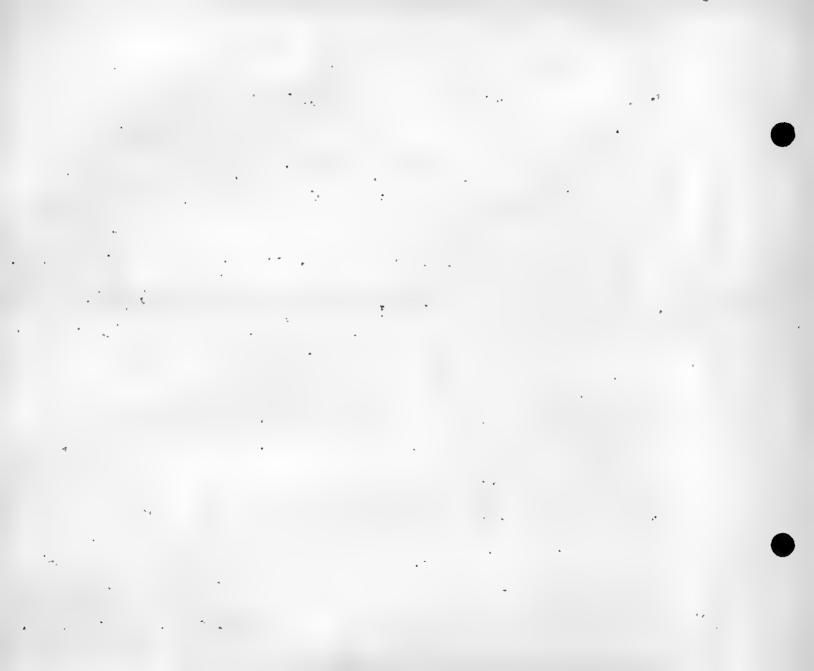
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00992
FOR STATE	1.0	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
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be executed within "pending" in pencil inief Medical Examine ansit permit File pagievent within 72 hau		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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INER: 1 e certific shauld b files. 3 should	MEDICAL	CAUSE OF DEATH P.M. 19  2.d INJURY OCCURRED 21e P.ACF OF INJURY (At home, form, street, 21f, 10CATION Street or R.F.D. No. (utv. or Town)	
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ICAL E. executor. Page for CTOR: Purial,		22a. I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection , Inquiry ,	
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D DEPUTY SICAIN PLEASE EXTRA PROCESSORY, please extra please please extra please please extra pl		NAME (Type) Werner U. Spitz M.D. ADDRESS(Street, city, town, or county)	00
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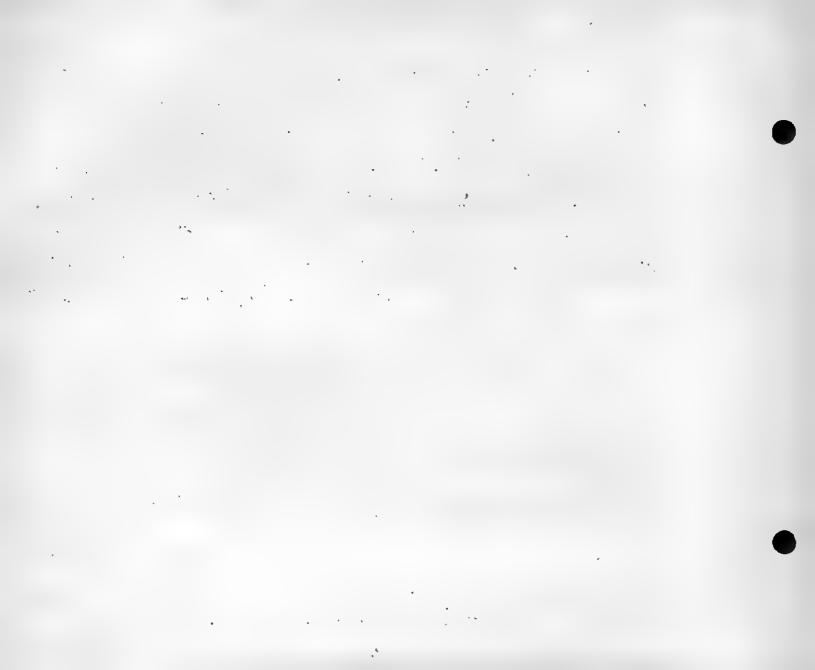


	1	MARYLAND STATE DEPARTMENT OF HEALTH	
And the second of the second o		CERTIFICATE OF DEATH	00993
death neta and 2 death.		DECEASED-NAME (Type or print) Mario Rie & Griffith 20. DATE OF DEATH Month Doy	Year Zb. HOUR
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ertificate be physician o nen please naval, and u	160.	io. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. Otunknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT 215 07 8835 Marjorie Griffith 217 Rodge:	
at the death c the attending sit permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions if only, which gove rise to immediate cause (a), stoting the underlying couse (c)  South of the underlying couse (c)  Security of the underlying couse (c)  Security of the underlying couse (c)  Conditions if only, which gove (b)  DUE TO, OR AS A CONSEQUENCE OF (c)  Security of the underlying couse (c)  Conditions if only, which gove (b)  Conditions if only, which gove (c)  Conditions if only (c)  Conditions if	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
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AL OR ATTENDING PHYSICIAN: The law rety be retained by the haspital or attending L DIRECTOR. After this certificate has been age 3 should be detached for use as the filed with the State Dept. of Health prior to	MEDICAL CERTIF C	YES NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18	)
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HOSPITAL OR ATTEN ge 4 may be retaining FUNERAL DIRECTOR., rector, page 3 shauld		226 SIGNATURE  ATTENDING MED. DIRECTOR STAFF PHYS  220, PHYSICIAN'S  220, ADDRESS  220, ADDRESS	5/6%
SPITA 4 ma NERA 1d be		NAME (Type) Dr. W. Paul Byerly ( 5820 York Road	
TO HOSPITAL Page 4 may b TO FUNERAL D director, page	L	b Burial, CREMATION, REMOVAL (Specify) 1/17/1968 Baltimore National Baltimore	Md.
30M REY. 1/68	14	Mitchall-Wiede fold Home Sper Ra DATE JAN 23 1963	f f d a m





		1	MARYLAND STATE DEPARTMENT OF HEALTH	
4	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
A. S.	(20)		CERTIFICATE OF DEATH	00995
-	Win =	1 D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH	26 HOUR
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	rate sicio secio oleos on	160	WAS DECEASED EVER IN u.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (as, no, or unknown) 11 (If yes give wor or dottes of service) 227 224 45 (2.4)	
	equires that the death certificate be physician. signed by the attending physician of burial-transit permit. Then please burial, crematian, ar remaval, and in		455 1951-1956 217-24-1810 MILS ELIPABETH HACKERTY 2	907 DUNGLOW
	ing Three		18. CAUSE OF DEATH (Enter day one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND DYATH
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	e law r fending is been as the priar ta	1 S	19a DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20b IF YES, WERE FINDING	SS CONSIDERED IN CERTIFYING
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	That the Deer the Dee		While Nat while at work At Work National Nationa	101-4-484
		П	22a. I certify that (I) (this hospital) ottended the deceased from 1905, to 1905, to 1905, saw the deceased olive an 1905, and that in (my) (our) opinion death occurred on the	date and hour and from the
	De coole		causes stated above, (1) (we) (did), (did not) view the bady after death.	auto uno no no no no no no no
		П	ATTENDING TO MED STAFF COL	22c. DATE SUBNED
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	RAI Mag		NAME (Type) TO HAY D. YOUNG	/
	Page 4 may O FUNERAL director, page	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town)	(County) (State)
			PEMOVAL (Specify) JAN 19. 1968 BAUTI MORE NATIONAL BAUTI MORE	4.1
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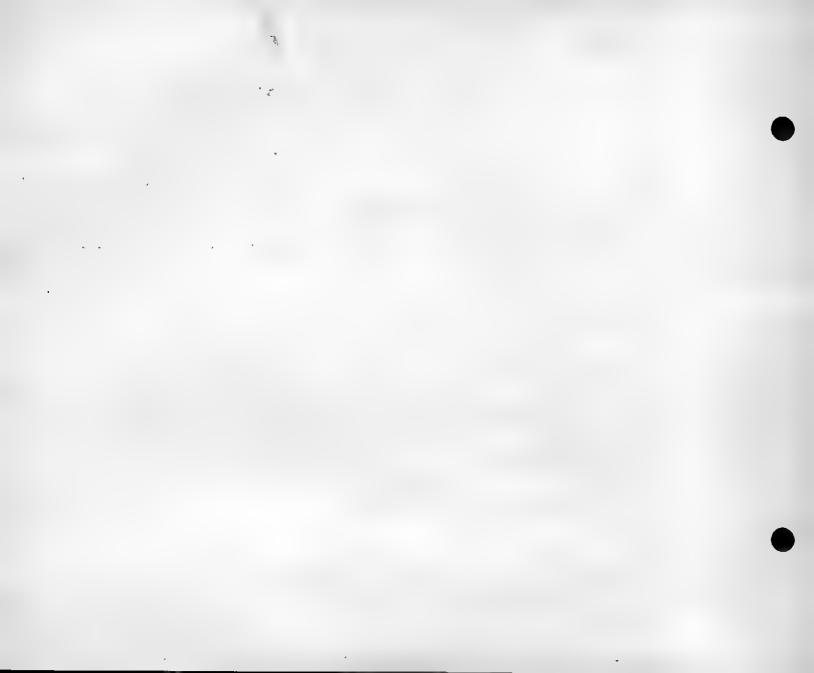
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and co	14.	FATHERS TAME First Middle	Le Bens	15 MOTHER'S MAIDEN NAME F		Lost
erificate by physician onen please	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, or unknown) (If yes give war or dates of service)	166 SOCIAL SECURITY NO.	Thomas Hall	Bel address	Md.
requires that the death certificate be executed g physician. n signed by the attending physician and comple burial-transit permit. Then please remove a burial, crematian, or removal, and in any even		1B CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ine for (o), (b), and (c))	thombo-	· Co	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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The law natending has been se as the th priar ta	CERTIFICATION	190 DATE OF OPERATION 195. CONDITION FOR W	VHICH OPERATION WAS PERFORM	ED 20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
CIAN: The ital ar at ital ar at ital ar at ital ar at ital ar use I far use if Health	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OR CONTRIBUTING CAUSE OF GRATH (If either, notify medical examiner) P.M.	1. Month Day Year		noture of injury in Part 1 or Part 2,	Item 1B.)
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OR ATTENE De retained DIRECTOR: A Ple 3 should ed with the l	l	couses stated above, (1) (we) (dic	) (did not) view the body	ATTENDING & N	NED STAFF -	DATE SIGNED
TAL OF TAL OF TAL DIR		22d. PHYSICIAN'S NAME (Type) F VI A A T	T. Cika	DEGREE PHYS D  228. ADDRESS  ALAURE	DE CALCA	-400
Page 4 may be retained by the hospital or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for usual be filed with the State Dept. of Healt	230	SURIAL (REMAT ON, REMOVAL (Specify)	23c NAME OF CEMETI	PX OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
VR A13 MI 30M REV. 198	124.	FUNERAL DIRECTOR	ADDRESS ADDRESS	Lacy Ma DATE JA	1000	S SIGNATURE



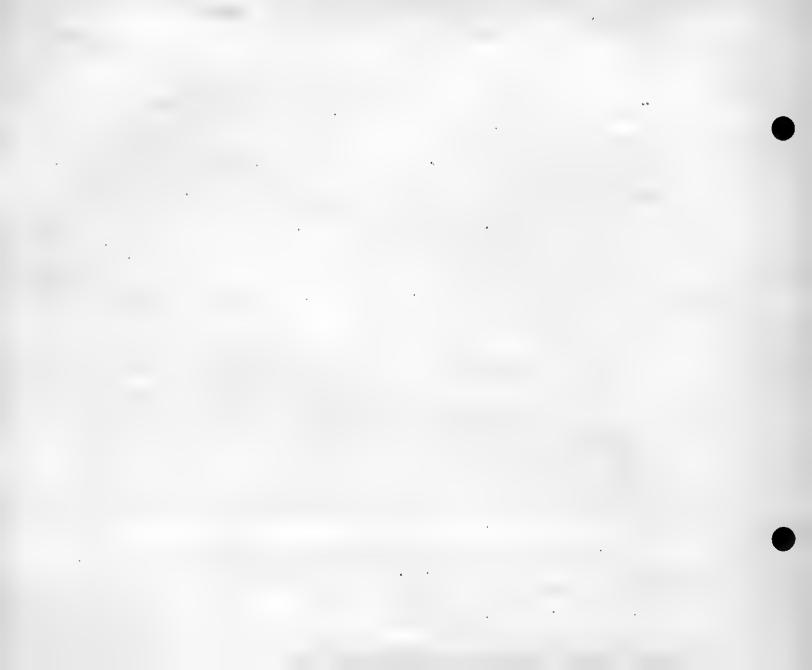
			MARYLAND STATE DEPARTMENT OF HEALTH	
- Lander	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
Marin T	•		CERTIFICATE OF DEATH	00997
<u>+</u>	-2F		CEASED-NAME First Middle Lost 20 DATE OF DEATH	26 HOUR
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	- E - E	3. 51	X 4. RACE S DATE OF BIRTH 6. AGE (In years 15	UNDER I YEAR   IF UNDER 24 HRS.
s affe	Page 4 may be retained by the hospital or ottending physicion.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages I and should be filled with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after deptace.		MAle white Aug, 12, 1901 lost birthdoy) YRS. MO	NTHS DAYS HOURS MIN.
Pours	200	70. I	IRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
4 4 H	d in pers 72 h		PA, WIDOWED DIVORCED 174RFORD	Md.
_	filled pape hin 73	1D. (	ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
wi‡	wil will	$H_{\ell}$	TURE de Javie en HARFORD Memorial MANUFACTURER -	TOBACCO C
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in a	complet ove car y event,	Guin	SSION) STATE MARKET OR COUNTY YES IN NO PROPERTY OF THE PROPER	47
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崔	yhy novo		es, no, or unknown) (It yes give war or dates at service) 168-36-7188 MRS, LAWRASONDAYRE, ABERDEEN,	MD.
8	E E		18 CAUSE OF DEATH (Enter only one cause per line for (b), (b) and (c)	APPROX MATE INTERVAL BETWEEN ONSEL AND DEATH
100	or at di		PART. DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Extensive anterior impocardial infarction	7 trous.
TÖ 0	atte on,		DUE TO, OR AS A CONSEQUENCE OF	
Ē	the sit p		Conditions, if ony, which gove	10 years
ta di	rons regions	1	rise to immediate cause (a), Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	7
S .	ed led l	1	lost. 4201	
gür.	pnyski signed buriol-t buriol,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
5	on and the property of the pro	_	CN. A Thrombose	
<u> </u>	been s the	<u> </u>	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
<u>e</u>	orre oc oc oc oc oc oc oc oc oc oc oc oc oc	CERTIFICATION	YES NO CAUSES OF DEATH?	
	무 를 있을 수	(F)	210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
<u> </u>	certificate has the far use a start of Health pr	MEDICAL	OR CONTRESTING CAUSE OF DEATH HOUR A.M Month Day Year (If either notify med col examiner)  P.M 19	
XS.	osp cert cert st o	뿔	21d INHIRY OCCURRED 230 PLACE OF INHIRY FAT HOME FARM STREET FACTORY, 1 21F LOCATION Street or R.E.D. No. City of Town	County State
품	this letoc		While Not while at work	
ATTENDING	fiter t fiter t be do Stote	1	22a   certify that (1) (this haspital) attended the deceased from 20 1967 to 25 196	that (I) (we) last
94	Aft Aft e St e St	ı	saw the deceased alive an I AN 25 1968 and that in (my) (aux) aninian death accurred an the date	and haur and from the
	9 <b>%</b>	ı	causes stated abave, (I) (we) (did) (did not) yiew the body after death.	1
			22c. DAT	TE SIGNED
S. S.	DIR ed 3	_	DEGREE PHYS DIRECTOR PHYS.	125768
TAL	Poc e fil		22d. PHYSICIAN'S NAME (Type) & Church & C Loo M.D 22e. ADDRESS / 12/100 No Grace	2 11.00
O HOSPITAL	roge 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched far use as the buriol-tron should be filed with the State Dept of Health prior to buriol, cre.		The state of the s	i wiet,
유	P. G. C.	230.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (Stote)
20	2000		REMOVAL (Specify) Jan. 27, 1968 Herrisburg CEMETERY HArrisburg,	Buny.
	VR A15 (4)		FUNERAL DIRECTOR  ADDRESS  ADDRESS  ACCEPTAGE  AND PERSONNEL SEGISTRAR SIGNED AND PROGRESS ACCEPTAGE  ACCEPTAGE  AND PROGRESS ACCEPTAGE  ACCEPTAGE  AND PROGRESS ACCEPTAGE	NATURE CALL
	30M REV 1/1	_~	Joseph William Foster Toel Air Manland 21014 DATE JAN 29 1988	00



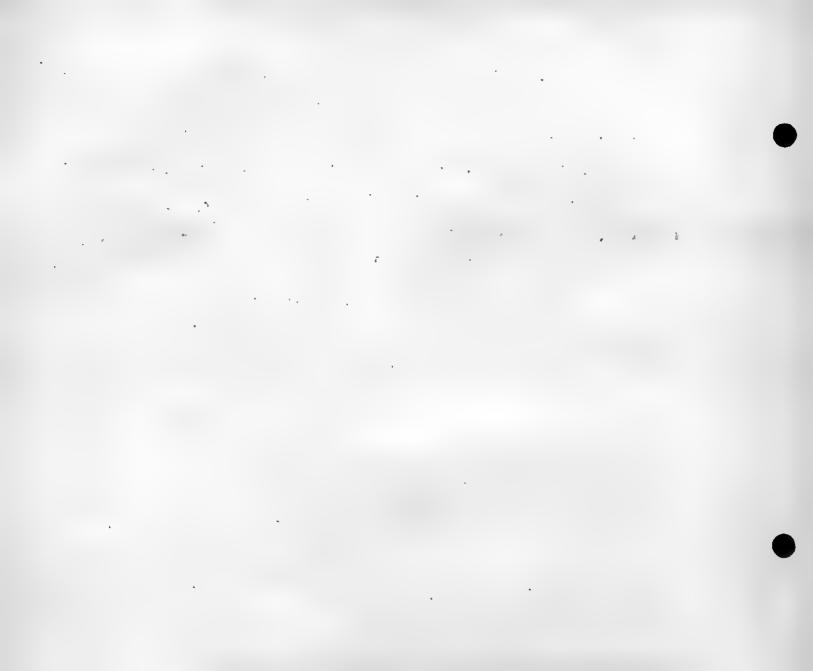
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00998 91000 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, it institution. Residence before admission) a. COUNTY a STATE **b** COUNTY Harford MARYLAND Harford b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 67to1/9/48 Havre de Grace Havre De Grace B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS requires that the death certificate be executed within 24 pop YES NO Citizens Nursing Home 1006 S. Adams St corbon 3 NAME OF Middle 4. DATE Year Manth Day physician and completely DECEASED Pauline (Type ar print) Hillman DEATH Jan IF UNDER 1 YEAR JF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED remove lost birthdov) Months Hours DIVORCED ond in any WIDOWED 4-12-1879 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
Homemaker COUNTRY? INDUSTRY Portsmouth Va. 13 FATHER'S NAME signed by the attending buriol-transit permit. Th IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give wor or dates at service) 16. SOCIAL SECURITY NO. 17 INFORMANT 213-50-7091 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUF TO stoting the underlying couse the r has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Health p NO IO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, affice bldg , etc.) While Not While at wark at work 21. I certify that (1) (this hospital) attended the deceased from January 19 60 to farmy 9, 19 68, that (1) (we) last 9 1968, and that death occurred of 12' as M from causes and on the date stated above saw the deceased glive and 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22r. PHYSICIAN'S director, po should be f NAME (Type) 0 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City or Town 230 BURIAL CREMATION. (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VIII A15 (4) 20 M 1/66



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Sic e char char ned ned by by		death re	sulted fram:	Natural causes	Accide	nt 🔲, Sui	ide 🔲,	Hamicide	, Undete	rmined manne	r 🗌	
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o DEPUTY necessary, the funera 5 may be 0 FUNERA!		EXAMINER'S NAME (Type)	Wern	er 🐧 Sp	itz, M.D.			DRESS(Street, city, 1	_	y)	1/23/00	
The Fire Head	230	BUR AL, CREMA		ATE	23c NAME OI	CEMETERY OR C			LOCATION (		(€ounty) (	(State)
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	24	FUNERA. DIRECT	OR	, , ,	AD D9	ESS		250 RECD BY RI		25b REGISTRAR	S SIGNATURE_	
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		01002 CERTIFICATE OF DEATH 01000
death.		CFASED-NAME First Middle Last 2a, DATE OF DEATH  YPE or print)  Lost 2a, DATE OF DEATH  Month Day 0  Year 3  M  M
affer affer	3. SE	A RACE S DATE OF BIRTH 6. AGE (In years of Under 1 YEAR OF HOURS MIN. SEPT. 10. 1897 (asp-bythbady) YRS. MONTH'S DAYS MOURS MIN.
4 hours	7o (	IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED MARRIED MARRIED MIDOWED
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be exended and control of the contro	14. F	TOHNS W. HOPKINS IS MOTHER'S MAIDEN NAME FIRST MIDDE LOST
trficote by hysicion on please vol, and i	16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address  17. INFORMANT  Address  DIA-10-7109  Mrs. Johns W. Hoylich's Box 12 RD1 Darlington
The low requires that the death certificate be executed within 24 hours attending physician.  has been signed by the attending physician and completely filled in by isse as the burial-tronsit permit. Then please remove corbon papers. Poth prior to burial, cremotion, or removal, and in any event, within 72 hours		18 CAUSE OF DEATH (Enter only one cause per lufe for (a) (b), one (c))  PART I. DEATH WAS CALSED BY  IMMEDIATE (AUSE (a)  DUE TO, 'OR AS A CONSEQUENCE OF  Canditians, if any, which gave)  Inse to Immediate cause (a),  (b)  Character Alexander Alexander  Canditians, if any, which gave)
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vsician: ospital or certificate ihed for use of Health	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)  21b. TIME OF INJURY Ann. Manth Day Year P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
G PHYSIC the hospil this certi detoched	*	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State of work at work
OR ATTENDING PHYSICIAN: be retained by the hospital or JIRECTOR: After this certificate e 3 should be detoched for u ed with the State Dept. of Heal		22a. I certify that (I) (this haspital) attended the deceased fram. 1/6, 1963, to 1963, that (I) (we) last saw, the deceased alive an, 19, and that in (my) (aur) opinion death accurred on the date and from the causes stated above, (I) (we) (did) (did nat) view the body after death.
TO HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should Should be filed with the		22b SIGNATURE  DEGREE ATTENDING MED DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR
TO HOSPITAL Poge 4 may TO FUNERAL director, pag	230	NAME (Type) DUDIEG Philips MD ARINGSON MO MO3 L  BURIAL, CREMATON, 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) (State)
TO Figure 4		FERMOVAL (Specify) Jan. 13 1968 Darlington Cemetery Darlington Harford Md.  FUNDRAL DIRECTOR 250 REGISTRAR SIGNATURE OLICE.
30M REVALUES		John H. Harling Delta, Pa. DATE JAN 16 1968 general



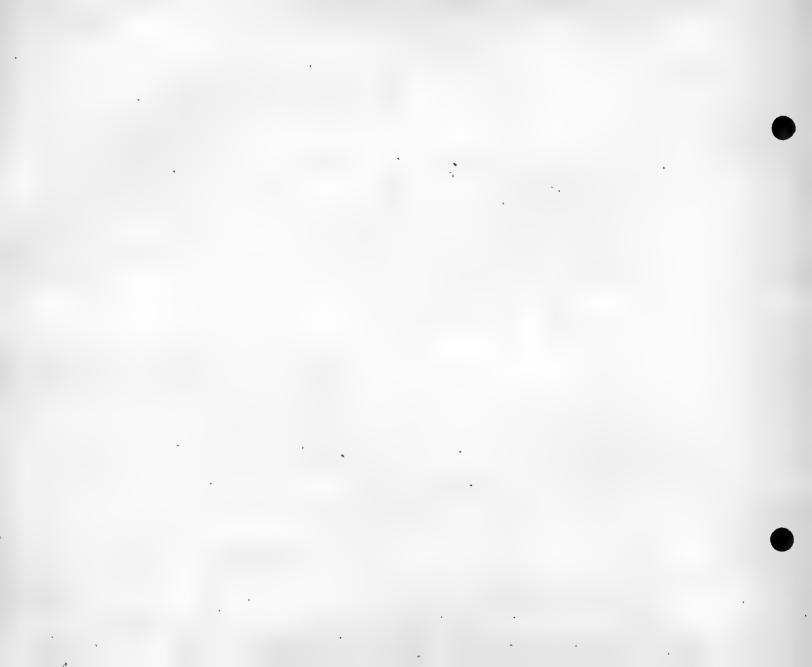
		MARYLAND STATE DEPARTMENT OF HEALTH  OF OO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01001
MEALTH DEPT.		ECEASED NAME First Middle Lost Zo DATE KNOWN	Month Doy Year 2b HOUR
. E & € E		Type or Print)  DELBERT ALFRED HOUCK  OF 1571- DEATH MATED	1/23/68 19 M
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hod Iter Offi afte	14, 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Baaver Houck Mary	Walters
hin 24 ncıl in nıner's poges hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
	()	action of the contract of the	. Maryland
d wit in pe Exor File In 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nuef Medical E. cansit permit Fevent within		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Drowning	BELINSEN DIEZEL WAR DEWLIN
exe indir Mer i per		7 DUE TO, OR AS A CONSEQUENCE OF	
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is certificate te, writing the forwarded to te used as a be remaval, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
riffica rifing rardec rd os rd os	NOI	Acute Alcoholic Intoxication  190 DATE OF OPERATION  190 CONDITION TO PERATION	20 AUTOPSY?
s cel s, w forw use	FICAT	WAS PERFORMED?	YES X NO
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ertif	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  (AUSE OF DEATH UNK PM 1/22 1968 drowned while intoxicated)	
	MED	21d INJURY OCCURRED 2 e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (14y or Town	County State
DEPUTY SICAL EXAMINER: The secsory, please execute the certifice to fineral director Page 4 should be may be retained for your files. FUNERAL DIRECTOR: Page 3 should be eath prior to burial, cremation, or		WHILE NOT WHILE ST WORK AT WORK Water Aberdeen,	Harford, Md.
ICAL EXA e execute for Page ed for you CTOR: Pag burral, cre		220   certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 🗍 Inqu	uiry, and in my opinion
Ed to the burn burn burn burn burn burn burn burn		deoth resulted from Notural couses Accident XI, Suicide , Hamicide , Undetermined m	
pleose I directorer and DIRECTOR DIRECTOR AND DIRECTOR AN		CHIEF MEDICAL EXAMINER	
TY y, pleose grad direct oe retain (AL DIRE	1	SIGNATURE CONTROL OF STATE OF	2b DATE SIGNED
SSOF Unne UNER NER	١.	EXAMINER'S Werner U. Spitz, M.R. DEPUTY MEDICAL EXAM NER	1/23/68
TO DEPUTY SIC.  The control of the c	22.	NAME (Type) ADDRESS(Street, city Town, or county)	A transfer
21 152		BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City or Town Burial Specify) 25 Jan. 68 Harford Memorial Gardens Aberdeen,	n) (County) (Stote)  Maryland
1	-	FUNERA, DIRECTOR Tarring MORRISOTAL HOME 250 RECD BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
YR A15ME (5) 10M REV 1/68	1	Welste Wecouler & Aberdeen, Maryland DATE JAN 26 1968	Milarles Judon



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01004 01002 CERTIFICATE OF DEATH 2b. HOUR First 2g. DATE OF DEATH DECEASED-NAME requires that the death certificate be executed within 24 haurs after death Month (Type or print) 6 AGE (In years IF UNDER YEAR 3. SEX 4. RACE last birthday) HOURS JAN, 20, 1916 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED TI NEVER MARRIED country) MISSOURI DIVORCED [ campletely filled in sign∎d by th≡ attending p⊪ysician and com≡letely filled in burial-ti≡nsit m≡rmit. Then please remave carban ∏aper burial, crematian, ar remaval, and in any event, within 72 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of work ng life were if retired) give street oddress) 13 INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived if institution; Residence before 13e STREET AND NUMBER odmission) STATE 13b. COUNTY NO IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It was give war or dates of service) HAVRE DE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) dizectar, page 3 should be detached far use as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF CEATH HOUR A.M Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Store While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from JAN 6, 1968, to JAU 7, 1968, that (1) (we) last saw the deceased alive an JAN 7, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an 1968, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b, SIGNATURE 1 innach **ATTENDING** MED. DIRECTOR STAFF DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Lajos Mezei MD 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23g. BURIAL, CREMATION, VAEDE GRACE HARTIND REMOVAL (Specify) BURIAL 24 FUNERAL DIRECTOR rede Share Md- DATE JAN 30M REV 1/68

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
*		01005 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01003
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	() (k () ()
HEALTH DEPTS.		ECEASED-NAME : Frst M.ddle Last 20 DATE KNOWN   Manth E	Doy Year 25 HOUR
	(	Type or Print) BOB TOLONOM TO DEATH MATED TO JAM	11 2 y 192 y 3/h
delay is 10 13. Page ment of	3 5		2d HOUR
delc me	J. 3	A lost burthday) MONTHS DAYS HOURS MIN Month Day	7 Year / 1 - 75
0 >	-	9/26/1978 3 183 JAMES-4 -	19 19 / M
Depa Per		BIRTHPLACE (State or foreign 76 CIVIEN OF WHAT COUNTRY? 8/ MARRIED NEVER MARRIED 9. COUNTY OF DEATH	/
N. S. S.	7	VGHA CO. T.	Md Md
t g # S	10.	TIN OR TOWN OF DEATH 11 NAME SE HOSPITAL OR INSTITUTION (If not in hospital 112a USUAL OF OPATION (Kind of work from 1)	125 KIND OF BUSINESS OR
hours ofter deoth Item 18. Give Pages Office alang with for land 2 with the State	14	uned Trace III a give men adder / Kim - Hosh Crane Vanela	instruction
ang Giv		JSJAL RESIDENCE (Where deceased I ved, funstifut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
oll alk	O.	Idm ssion) STATE TE NM 13b. COUNTY Sorting Scall YES PNO	
hours ofte ltem 18. Gi Office alan 1 and 2 with ofter death	14. f	FATHER'S NAME First Middle Lost 1 15 MOTHER'S MAIDEN NAME First Middle	Lost
F E E E		BOB JOHNSONS MICORED IRENE (	VILSON
hin 24 nci in niner's pages hours	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? [166. SOCIAL SECURITY NO. 117 INFORMANT ADDRESS.]	7703079
within 24 pencii in xaminer s ile pages 72 hours		Yes, pa, or unknown) [If yes give war or dones of service)   //0.7= -2.0   //0.7=	KECORDS
This cert ficate should be executed within 24 hours ofter deoth cate, writing the word "pending" in pench in Item 18. Give Pag be farworded to the Chief Medicol Examiner's Office along with the used as a burial-transit permit. File pages I and 2 with the Streemoval and in any event within 72 hours ofter death	$\vdash$		APPROXIMATE INTERVAL
of I.		1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
should be executed word "pending" in the Chief Medicol urial-transit permit.		IMMEDIATE CAUSE (a) CYUST NO MUN-Y CLEST	
ex end if p		DUE TO, OR AS A CONSEQUENCE OF	
bed "p hief ans		Conditions, if any, which gave answer (a), (b)	
ord ord iny		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho e w orric	1	lost (c)	
cert ficate should writing the word rworded to the Cl ssed as o burial-tra		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fica ing dec as			
writ arwor used mova	01	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, writing the farworded to the used as obtained and removal and	율	WAS PERFORMED?	YES NO
INER: This of the certificate, should be far files 3 should be worth out on or rem	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 2, HOW INJURY OCCURRED (Enter nature of in Jry in Part ) og Part 2, tjer	m 18)
Figure 4	ਤ	PRIMARY NOR CONTRIBUTING   HOUR AM 1 - 2 168 pan gotes opened + floore	e ont
INER. should should should should files 3 should sh	MEDICAL	21d INJURY OCCURRED 21e PLACE OF TAJURY (At hame, form, street, 21f OCATION Street or R.F.D. No. City of Jown	Caunty State
CAMINER: te the certifue of 4 should your files oge 3 should cremot.on,		WHILE AT WORK DISTANCE STATE OF CONOUNTING CE	1 11-1
bical examiners be execute the cer ctar. Page 4 should ned for your files ECTOR: Page 3 should burial, cremotion			
ICAL E r executor. Paged for CTOR: F burnal,		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection < Inquiry 🗷	and in my apinian
e de		death resulted fram: Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner	
pleose direct direct retaine DIREC		CHIEF MEDICAL EXAMINER BEILAS	
ury, please erol direct be retain.  RAL DIRE prior to		SIGNATURE LONGUE CONTROL M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SI	1GNED - 68
Son		EXAMINER'S  DEPUTY MEDICAL EXAMINER	-1-60
necessory, please execute the the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) Gerald & Palmer- M.D. ADDRESS(Street city, town, or county)	
5 = - 5 = =	230		(Caunty) (State)
		REMOVAL (Specify) (3/1968 KORERTSON CO. MEM NASHVILLE	1 EKW
	24	FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 ST. AN 5 1968 Clian	CNATURE
VR A15ME (5) 10M REV 1/68		Centrington + Las / fave de Drace, My. DATE AN 5 1968 Cliane	



			MARYLAND STATE DEPARTMENT OF HEALTH	
WHEN	EOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01004
	FOR STATE	_	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
	HEALTH DEPT.	(	Type or Print) /// / OF ESTI-	Day Year 2b. HOUR
	ay is 3 ta 2 ta 2 ta 3 ta 3 ta 3 ta 3 ta 3 ta		DEATH MATED JAN	2) 100 13-18
	ny delay	3 S	A RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 24 ARS 20 DATE PRONOUNCED DEAD 1/20/1933 SARS MONTHS DAYS HOURS MIN MONTH Day 2	Z Year GS 2d. House
	2 2 5	7.		19 M
	- E - B	coni	BIRTYPLACE (State or foreign 75 CTIZEN OF WHAT COUNTRY? 8 MARRIED TO DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORE	
	Poges vith Store	10		12b, KIMO OF BESINESS OR
	ofter death 3 Give Pogi along with with the Sta	14		INDUSTRY LEWIS
	Elve d	13a	USUAL RES DENCE (Where deceased I ved   I institut on: Residence before I3c. CITY OR TOWN   Jed. PASIDE CITY LIMITS?   13e STREET AND NUMBER	rucerra
		0	amissan) STATE 11. J. 13b. COUNTY / Cetarville YES NO 12 NO 12 No 14 Carl	tur House
	hours Item 18 Office of	14. §	ATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	in II ris (	(	lwood Neen Kutude Uckley	
	within 24 pencil in xaminer's rie pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  165, no. or unknown) ((1) yes yes four or dames of service)  144-21-5361 (Ladgett) framed frame 104 F.D.	selm 19
	with the Example File 72	-		APPROXIMATE INTERVAL
	be executed "pending" in lief Medical E nosit permit. Fevent with n		18 CAUSE OF DEATH (Enter on y one couse per line for (0), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
	be executed "pending" in Medical ansit permit.		IMMEDIATE CAUSE (a) MCALITY (V) (V) (V) ES	
	e e e e pen pen pen pen pen pen pen pen		Cond hans, if any, which gave	
	vord to Chi		rise to immediate cause (a). (b)	
	shauld be to word "pel a the Chief burial-transit		last last	
	te s the d ta a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)	
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	certil arwar used mava	ATIOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	his date, e falle be u	CERTIFICATION	WAS PERFORMED?	YES 🔁 NO 🗌
	ier: This certificate, auld be fa fa. Shauld be to shauld be to than, ar rem		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Its PRIMARY OR CONTRIBUTING 1	am 18.)
	NER: T certific hauld b tles. shauld stran, ar	■ WELLAI	CAUSE OF DEATH P.M 19 ALIO COLOR OF DEATH	· · · · · · · · · · · · · · · · · · ·
			21d INJURY OCCURRED 21e P.ACE OF INJURY (At home, form street, of LOCATION Street or R.F.D. No. (ty or Town factory, office building, etc.)	Saunty State
	SICAL EXAMINER lease execute the cer director. Page 4 shaul etained for your files. DIRECTOR: Page 3 sha ir ta burial, cremation		WHILE AT WORK AT WORK TOTAL AT WORK AT WORK AT WORK TOTAL ADE; -deww	7 0
	A Paragraph of the para		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	ond in my opinion
	please explanation of the burning of the burning or to bur		deoth resulted from. Notural causes , Accident , Suicide , Homicide , Undetermined monner	I Mel.
	2		ACTUAL SIGNATURE LANGUED CHIEF MEDICAL EXAMINER 226 DATES	SIGNED
			SIGNATURE ASS SIANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	23-68
	O DEPUTY The Facessary, I the funeral 5 may be r O FUNERAL Health proc		NAME (Type) Ge - 1 (d ( T)/m ()- 11) ADDRESS(Street, city, town, or county)	
	5 = 4 2 5 表	230	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown)	(County) (State)
		100	- 1/2/108 . Theinwood //wm. ///illirlle, //	19
	VR A15ME (5,	24	FLINEBIL DIRECTOR 250 RECID BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 3 S RECUBER 3 S RECID BY REGISTRAR 250 RECID BY RECID BY RECID BY RECID BY RECIDE BY RECIDE BY RECID BY RECIDE BY REC	reas Judge.
	10M REV 1/68	-	terrigion 1 dy Harrede Trace Mol. DATE JAN 2 6 1968 for	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01007 01005 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20 DATE OF DEATH 2b HOUR leath death (Type or print) IF UNDER YEAR IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH AGE (In years 24 hours after lost birthday) MDNTHS I DAYS HOURS YRS 9 COUNTY OF DEATH Zo. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) U.S DIVORCED [ WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY Dair burial, crematian, ar remaval, and in any event, 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER odmission) STATE 13b COUNTY remove 14. FATHER'S NAME Middle IS. MOTHERS MAIDEN NAME First Middle Lost Kilgore 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address P. D. 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o)) (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit nse to immediate couse (o), DUE TO, OR AS A CONSPOUENCE OF signed by stating the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta 206. IF YES, WERE ENDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH YES 1 -NO I FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING TALSE OF DEATH
(If either, not fy medical examiner) HOUR AM ( AT HOME FARM, STREET, FACTORY. ) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY Stote City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1/20, 1968, to 1/20, 1968, that (I) (we) last saw the deceased alive on 30, 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (Stote) 23o. BURIAL CREMATION (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 (4) DATE JAN 2 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01003 CERTIFICATE OF DEATH 01006 1. DECEASED-NAME Middle "20. DATE OF DEATH First haurs after death (Type or print) 3. SEX-4 RACE S. DATE OF BIRTH IF UNDER I YEAR F JNDER 24 HRS 6 AGE (In years last birthday) BAYS HOURS 9. COUNTY OF BEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED (country) WIDOWED 53 DIVORCED [ far use as the burial-transit permit. Then please remave carban/paper Health priar ta burial, crematian, ar removal, and in any event, within 22 24 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUA, OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired ) INDUSTRY attending physician and campletely permit. Then please remave carban METIPED 13e. STREET, AND NUMBER 13d INSIDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odmission) STATE 13b COUNTY NO 🔀 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle PHREINAMINY POAD-LEVE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17\_INFORMANT Yes, no, ar unknown) (If yes give wer or dates of service) HAVIRE OF GRACEMOI 18 CAUSE OF DEATH (Enter only one cause per line fat (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the attendii burial-transit permit. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave: rise to immediate cause (a), landlesing DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION O FUNERAL DIRECTOR: After this certificate has been 195/CONDITION FOR WHICH OPERATION WAS PERFORMED 9a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ director, page 3 should be detached for use should be filed with the State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stole County While Not while at work 22a. I certify that (!) (this haspital) attended the deceased fram 1 - 1962, to 1 - 20, 1962, that (!) (we) last saw the deceased alive an 1 - 1962, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE MED DIRECTOR 22d PHYSICIAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) 1968 DEER CREEK METH ARFORD 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A1E 30M REV. 1768



7	Įįt	MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND 21201	0.1007
FOR STATE	r	m burial permit MEDICAL EXAMINER'S CERTIFICATE OF DEATHItem2a Film G39	7 1725/68 kk
HEALTH DEPT.		DECEASED-NAME First Middle Lost 1/20 DATE KNOWN   Month	Day Year 2b. HOUR
		Type or Print) Mary Elizabeth La Ria e DEATH MATER IN 1	12 1968
Em a	3 9	FX 14 PAFF 15 DATE OF RIGHT 16 AGE TO MODER TEAR 15 UNDER 24 HRS 12 DATE PRONOUNCED DEAD	2d HOUR
PM3.		F C OSS DIPHOCKY) MIDNIES DAYS HOURS MIN MONTH J. Day /	2 Year 1968 A
2, 2, epq		BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH	
e D	con	ntry) WIDOWED DIVORCED 2/4	M
hours ofter death any field litem 18. Give Pages 1, 2, and Office along with form PM3. I and 2 with the State Departmenter death.	10	CITY OR TOWN OF DEATH  II NAME OF HOSP TAL OR INSTITUTION (If not in hosp-tol during most of working life, even if retired)  Itanford Memorial Hospital	126 KIND OF BUSINESS OR INDUSTRY
s ofter 18. Give s olong 2 with the		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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4 hours I tem 1 5 Office Tond 2	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hauld be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages in any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO. 17, INFORMANT ADDRESS  (If yes give wor or dates of service)	
4 writh personal File		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	APPROXIMATE INTERVA.
be executed "pending" in ite Medical Estimist permit. Fi		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COTONDTY OCCURS TO V	BETWEEN ONSET AND DEATH
xec ndin Med Med		410,9 DUE TO, OR AS A CONSEQUENCE OF	
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ould to word he Chi he Chi ial-tra		dise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
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has cate, e fol	TIE	WAS PERFORMED?	YES NO 🗗
	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Its PRIMARY OR CONTRIBUTING HOUR A.M	im TB.)
INER: T e certific should b files. 3 should totron, or	2	CAUSE OF DEATH P.M 19	
	ME	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f LOCATION Street or R.F.D. No. City or Town	County State
please execute director. Poge estained for you birector. Poge or to bur al, cr. to bur al, cr. to bur al, cr.		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry &	and in my op'nior
CAL exe exe or. F or fo		death resulted from. Natural causes [2], Accident [], Suicide [], Hamicide [], Undetermined manner	, und in my opinion
ase dase innertrents REC			·> Md
Ple dili		ACTUAL SIGNATURE STANDING CHIEF MEDICAL EXAMINER (HIEF MEDICAL EXAMINER (1) 22b. DATE:	SIGNED
Be P 7		DEBITY MEDICAL EVAMINED TO	2.48
o DEPUTY CLASSICAL ICA		NAME (Type) Ger JIM (P) / Me 1- MJ ADDRESS(Street, city, town, or county)	
necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health pr or to bur al, crem	230	REMOVA (DOE IV) 236 DATE 20 235 NAME OF CEMETERY OF CEMATORY ( 15 1) 23d LOCATION (COMPOSITION)	(County) (State)
P	24	FUNERAL DIBETOR TITLE Y / / / ADDRESS Del Air Molzo RECO BY REGISTRAR 250 REGISTRARS	SGNATURE
VR A15ME (5)		TWOMING / 17 1968 John JAN 17 1968 John	ilas Judyik
		. "	



		04040	DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 2120	1
•		01050		CERTIFICATE OF DEATH		01008
₹ 2±	1. D	CEASED-NAME First ype or print)	Middle	Lost	2a. DATE OF DEATH Month	2b. HOUR
deat deat		ype or printy	7	Lewis	JANUARL	26.1968 11 7
after after	3. S	No. 1	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	IF URDER 1 YEAR IF JHOER 24 HRS MONTHS DAYS HOURS MIN
	_	Female	White		788 79	rRs.
24 haurs per in by the proper Party Transurs		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9. COUNTY OF DEATH	7
	10	ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED	A. OCCUPAT ON (Kind of work de	ine 12b. KIND OF BUSINESS OR
			pive street oddress)		ast af warking life, even if retire	
ed with pletely carbog ant, with	13a	JSUAL RESIDENCE (Where decease	race Hartord W led lived, if institution, Residence before	13c CITY OR TOWN 13d INSIDE CITY L	IMITS? 13e STREET AND NUMBER	
ecuted wit campletely tove carbons, w	adm	issian) STATE Md.	13b. COUNTY tord		O 916 WAK	etied Drive
e execut and cami remove	14.	ATHER S NAME	Middle D Last	15 MOTHER'S MAIDEN NAME I	irst Middl	e Last
e be an a se	<u> </u>	UCHN		NO. 17 INFORMANT	Thompso	<u> </u>
requires that the death certificate be executed within g physician.  I signed by the attending physician and campletely filter burial-transit permit. Then please remove carbod past burial, crematian, or removal, and in any event, within		WAS DECEASED EVER IN U.S. ARA es, no, or initiation (If yes give v	rar or dates of service) UNKNOW	.   7) / 1 7	Ballock, HAU	redo GRACONO
ng p		18. CAUSE OF DEATH (Enter an	ly one cause per line for (a), (b) and (c D BY:	))	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath mit. or n		PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (a) LUCIO	unia unti	lem	146
he d affi perrian,		4127	DUE TO, OR AS A CONSEQUENCE OF	10 20	01.0	
at the the nsit p	П	Canditians, if any, which gave rise to immediate cause (a), (	(0)	real on prese	Malle	•
equires that the physician. signed by the burial-transit purial.		stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	ios chiotre	I kundrea	lo
		PART 2 OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT 1	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
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rsician: The law re ospital ar attending certificate has been hed far use as the sit. af Health priar ta	CERTIFICATION	19c DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY? YES NO	CAUSES OF DEATHS	GS CONSIDERED IN CERTIFYING
AN: 1 of ar icate far us Healt		21a. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Pai	t 2, Item 18.)
크림 H P B	MED.CAL	OR CONTRIBUTING CAUSE OF OEA.	ner) P.M.	19		
<b>C PHYSIC</b> the hospil this certification detached bept. at the bept. at	2	21d INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT HOME FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No	. City ar Tawn	County State
State	L	22a. I certify that (I) (th	is haspital) attended the deceas	sed from JAN 26, 196 1998, and that in (my) (aur) ap	8 , 10 -1 AN 26	19.68_, that (1) (we) las
TTEND Dined   OR: Al	ı	saw the deceased a causes stated above	e, (I) (we) (did) (did nat) view the	1952, and that in (my) (aur) ap bady after death.	inian death accurred an th	e date and hour and from the
OR ATTENI be retained DIRECTOR: A le 3 shauld ed with the		226. SIGNATURE	21160		MED. STAFF	22c. DATE SIGNED
be re DIRE	ı	Juni	1 Wec gum	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1/27/68
O HOSPITAL OR ATTENDING Page 4 may be retained by t O FUNERAL DIRECTOR: After director, page 3 should be a shauld be filed with the State	L	22d. PHYSICIAN'S NAME (Type)		22e ADDRESS		
HOS ge 4 FUNI recta	230	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMPTERY OR CREMATORY	23d XOZATION (VIV) or Town)	- (County) (State)
5 5 5 2 2 3 3	1	REMOVAL (Specify)	-30-1968 (10	yenglesulery	1 ou Deper	if Ind
VR A15 (4) 30M REV. 1768	24	FUNERAL DIRECTOR	ADDRES	viscelle la DATE FE	fol as	RAR SYSIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



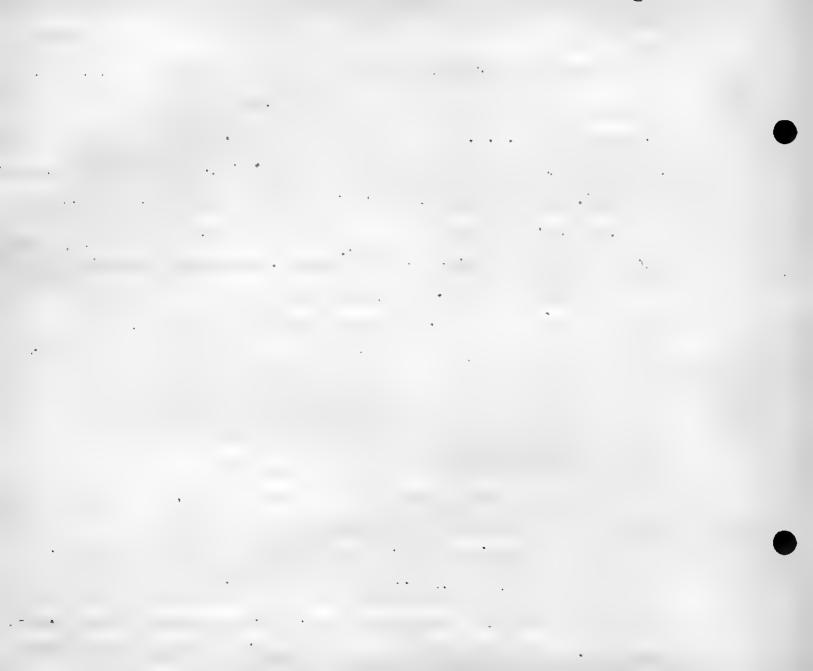
`	11.	18 & 11 film 397MARYLAND STATE DEPARTMENT OF HEALTH -24-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
<b>IIOR STATE</b>	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01009
Is 1, 2, and 3 to form PM3. Page HITPAH.		DECEASED-NAME Type or Print)  MARLON  T. LOCKETT  LOCKET	9 Year 2b HOUF 3 1968 3 2d HOUF 1968 3 2d MM 12b KIND OF BUSINESS OR INDUSTRY
within 24 hours after death in pencil in Item 18. Give Pagi Examiner's Office along with File pages Land 2 with the Start 72 hours after death	130 0	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN  ISO MASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN  ISO MISSION STATE  Md. 13b COUNTY  Harford Edgewood YES NOW 6523c Hawthor  FATHER S NAME First Middle Lost 15 MOTHER S MAIDEN NAME First Middle  Randle R. Lockett Patricia  WAS DECEASED EVER IN U.S. ARMED FORCES?  Ves. Nor unknown) (M yes give wor or doles of service) N/A Father, same as 13 C & E	N/A/ rne, Edgewood lost Young
ate shauld be executed the ward "pending" is et to the Chief Medical s a burial-transit permit and in any event within		18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c)  PART DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o) Acute Peritonitis  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.  (b) Perforation of the small intestine  DUE TO, OR AS A CONSEQUENCE OF  Lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (DNDIT.ON GIVEN IN PART 1(a))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
EXAMINER: The virte of the certification of the cer	MEDICAL CERTIFICATION	196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21d EXTERNAL CAUSE WAS PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY Month, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTING DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTION DID TO THE POINT OF INJURY MONTH, Day, Year PRIMARY—OR CONTRIBUTION DID TO THE POINT OF INJURY MONTH OF INJURY MONTH OR THE POINT OF INJURY MONTH OR THE POINT OF INJURY MONTH OR THE POINT OR THE POINT OF INJURY MONTH OR THE POINT OR THE P	County State Md
TO DEPUTY  necessary, please exect the funeral director. Por S may be retained far TO FUNERAL DIRECTOR:  Realth prior to burial	230 FR 24	death resulted from Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner  ACTUAL SIGNATURE	SIGNED LUARY 3, 1968 (County) (Store) Missouri



<del></del>	ı	MARYLAND STATE DEPARTMENT, OF HEALTH	
1		01012 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	01011
haurs after death.  n by the unact. s. Pages. Ned 2 haurs after death.		ECEASED-NAME First Middle Lost 20. DATE DE DEATH Type or print)  Ben AMIN HARRISON McCloud JANUARY  A RACE, 5 DATE OF BIRTH  6 AGE (In years lost birthdy)  MONTH  MONTH  DOY  MONTH  AND  AND  AND  AND  AND  AND  AND  AN	Year IF UNDER 24 HRS. THS DAYS HOURS M.N.
24 haur	COU	BIRTHPLACE (State or foreign 7b. CH ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH NITY) VA DIVORCED DIVORCED HARFORD	Md
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te be execute ian and camp sase remave and in any eve	L	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  WAS DECEASED EVER IN U.S. ARMED FORCES? 1168 SOCIAL SECURITY NO 17 INFORMANT Address	Juce
h certificate be ing physician o Then please emoval, and ir	-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) (7) ARTH WAS CAUSED BY	PAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	CATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERATED 10c. AUTOPSY? 10c. AUTOPSY	DERED IN CERTIFYING
# # # # # # # # # # # # # # # # # # #	MEDICAL CERTIFICATION	21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item of life of their, notify medical examiner)   P.M.   19	
DING PH 1 by the h Affer this 1 be detac 5 State Dep		21d. INJURY OCCURRED Not while Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 5 A A 5 , 19 6 8, ta 5 A A 13, 19 6 saw the deceased alive an accurred an the date a causes stated abave, (I) (we) (did) (did pot) view the bady after death.	% that (I) (we) last
AL OR ATTENI by be retained LI DIRECTOR: A sage 3 shauld filed with the		226. SIGNATURE  ATTENDING DEGREE ATTENDING DIRECTOR  STAFF PHYS.  226. ADDRESS  226. ADDRESS  ATTENDING DIRECTOR DIRECTO	\$13-68
O HOSPITAL OF Page 4 may be O FUNERAL DIR should be filed	230	BORIAL CREMATION, 23b DATE 25 NAME OF CEMETERY OF CREMATORY 23d LOCATION (City of Town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	ounty) (Store)
VR A15 (4) 30M REV, 1/68	24	EUNIERAL DIRECTOR Falle with Then Janyville 1250. RECT BY REGISTRAR 256, REGISTRAR'S SIGN DATE YOUR 25 1968	ATURE Judges

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	. ~ .	ŀ	1 DE	CEASED-NAME First		Middle		Last		OF DEATH		O.I.	2b. HOUR A
	# Z=#	- 1		(pe or print) Robert	Marsh		McFade		.Tan	uary	4Day	1968	O. A.EM
	D 00	ŀ	3. SE		4 RACE	10.1.1		ATE OF BIRTH	021	6. AGE (In y		1968 IF UNDER 1 YEAR	IF UNDER 24 HRS.
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	ST YEAR		7 <sub>0</sub> 0	Male IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT O	Lte		11/29/1		OF DEATH	YRS.		
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	filled in papers.	-		arvland	U.S.A.	OF HOSPITAL OR INSTI				rford ON (Kind of wor	k dana	12b. KIND OF	Md Md
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	pletely fraction cration ent, with		13a	USUAL RESIDENCE (Where decease	ed lived, if 'nstitution:	Residence befare	3c. CITY OR TOW	/N 13d INSIDE	CITY LIMITS? 13e	STREET AND NU	MBER	J- CO # 314	******
	completely completely cover carbon event, vi	- //	admi	ssion) STATE Md.	13b COUNTY Ha.	ford k	Jarret	tsville	NO□ Ba	ldwin	Mill	Road	
	and com	1	14 F.	ATHER'S NAME First	Middle	Last		THER'S MAIDEN NA	ME First	A	liddle		Lost
	pe du /	7		John Wesi	lev McFa	adden		Louis	a Jef	frey			
	physician and con please remo	7	16a	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b	SOCIAL SECURITY NO	MIS	MANT			ddress	Md.	21084
	ifico ifico		Y	NO ar unknawn) (If yes give wi	ar or dates at service)	13-01-3	759 Ha	nnah A.	McFad	iden	Jarı	ettsv	ille_
	g p	Ì		18. CAUSE OF DEATH (Enter onl	y ane cause per line fa	r (a) (b) and (c) )						APPROXII	RATE INTERVAL MSET AND DEATH
	at the death cer			PART I. DEATH WAS CAUSED		ADIO- A	RESP	EBVASE	2. <i>15</i>				Si RS
	de offer n, a	_		1 ministria	DUE TO, OR AS A		·						
	the carried			Cand tians, if any, which gave	(b) (A)	DVANCE	D METT	7 877772	c m	AGIGAM	NOY	1/	Mo,
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth Poge 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the confined director, page 3 should be detached for use as the buriol-transit permit. Then please remayer tarkon papers. Page 1 and should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in only event, within 72 hours often deoth			nse to immediate cause (a), ( stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF		ARCOM				3	MO
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	law ndir bee s th ior i		ATIO!	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH O	PERATION WAS PERF	ORMED :	20a. AUTOPSY?		b. IF YES, WERE FI	NDINGS CO	NSIDERED IN C	ERTIFYING
	The otte hos se d	ΧĮ	CERTIFICATION	_				YES NO		USES OF DEATH?			
	ote or u		L CER	210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJ		21c. HOW II	NJURY OCCURRED (	(Enter nature of	injury in Part 1 or	r Part 2, 1t	em 18.)	
	Partie de la		DE A	OR CONTRIBUTING CAUSE OF GEATS	ier) P.M.	anth Day Year 19							
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	der te der			at wark dt wark	- I 'A - IV - 44 I	1 41 - 1	f		10 /n / to	2 JAN	10	6C 1L01	M. Cough heat
	DIN by Afte be Sto			22a. 1 certify that (I) (thi saw the deceased al	ive an 2 T	a the deceased	and the	at in (my) (aur)	apinian dea	th accurred or	the dot	e and hour	and from the
	TEN Ined DR:			causes stated abave	, (I) (we) (did) (did	nat) view the bo	dy after deat	h.					
	it short			22b SIGNATURE	1 -1	.11 h	00	ATTENDING (2)	MED .	STAFF -	22c. D	ATE SIGNED	
	be J			NIF	Butter	22 111	DEGREE	PHYS 🕒	MED. DIRECTOR	PHYS		JAN	68
	TAL may SAL (	1		22d PHYSICIAN'S NAME (Type)	SIDWE	71. m	D,	22e ADDRESS	OITRA	e person	U 12	real	1
	NE A		22-	BURTAL CREMATION 23b [	ATE	23c. NAME OF CE		MATORY	23d 100	ATION (City or To	wnl	(Caunty)	(State)
	Poge 4		230	Destable to ( )	6/1968			ethodis					
				FUNERAL DIRECTOR	01 1 400	ADDRESS	TOVE I		C'D BY REGISTRA	n Grove	SISTRAR S	GNATHRÉ	Penna.
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MARYLAND STATE DEPARTMENT OF HEALTH



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1 0101	6 pourso		ID STATE DEPARTMENT 301 W. PRESTON STREET,		AADVIAND 21201	
3101	() DIAIDIO		CERTIFICATE OF DEA		MARILAND 21201	01015
DECEASED-NAME     (Type or print)	first KATE	Middle	Lost MITCHELL	2a. DATI	of DEATH Month Doy January 25	Yeor 1963 1:30
3 SEX Female	4. RACE	White	S. DATE OF BIRTH	1883	6. AGE (In years last, birthday)	IF UNDER YEAR IE UNDER 24 HRS MONTHS DAYS HOURS MIN
70 BIRTHPLACE (Stote of country) altimore	or foreign 7b CITIZEN	OF WHAT COUNTRY?	8 MARRIED [ NEVER MARRIED [ WIDOWED   DIVORCED	9. COUNTY	OF DEATH	N
10 CITY OR TOWN OF D Bel Air -	MAIN	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospitol 12 valescent Home	O DISUAL OCCUPAT	ION (Kind of work done ing life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
130 USUAL RESIDENCE admission) STATE	Where deceased lived, if	Institution Residence before UNITY Harford	13c city or town 13d HS Churchville YES	SIDE CITY LIMITS? 13e	STREET AND NUMBER 30x 40, Rt.	1
14 FATHER'S NAME	First Mi Unknown	iddle Last	IS. MOTHER'S MAIDEN Unknown		Middle	Last
	ED IN U.S. ADMED ENDERS		no. 17 INFORMANT 55-A Beorge A. 1	Mitchell.	Address Cl Box 40. Rt.	hurchville, id.
18. CAUSE OF DE PART I DEAT Conditions, if any rise to immediate	H WAS CAUSED BY- IMMEDIATE CAUSE (o  DUE To , which gove )	e per line far (a), (b), and (c)		case		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
stating the under	rlying cause DUE II	O, OR AS A CONSEQUENCE OF (c) NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION (	GIVEN IN PART I(a)	
190. DATE OF OPER	ATION 19b. CONDITION F	FOR WHICH OPERATION WAS PR	ERFORMED 20a. AUTOPSY?		b if yes, were findings ouses of death?	ONSIDERED IN CERTIFYING
₹ □ OR CONTRIBUTING	CAUSE OF DEATH HOU!	TIME OF INJURY R A.M. Month Day Year P.M.	9		injury in Port I or Port 2, I	Item 18)
While Not what work of work	JRRED 21e PLACE OF II		CTORY.) 21f. LOCATION Street or R		City or Tawn	County State
22a. I certify saw the causes st	that (I) (th <del>is hospita</del> deceased alive an ated abave, (I) (we)	did) (did not) view the	ed from 10 - 5 19 2, and that in (my) (o body after death.	, 19 <i>66</i> , ta <sub>.</sub> <del>ur)</del> opinion dea	th occurred on the da	that (I) (we) is the and hour and from the
226 SIGNATURE	1:80		DEGREE PHYS.	MED. DIRECTOR		DATE SIGNED S
22d. PHYSICIAN'S NAME (Type)	Gerald	t Polne		e/A	1 5/11	4
230. BURIAL, CREMATIO REMOVAL (Specify)	Jan. 27.1		CEMETERY OR CREMATORY  V Fethodist Ceme	etemr Ch	ATION (City or fawn) DUTCHVILLE  R 25b. REGISTRAR'S	(County) (State)
24 FUNERAL DIRECTOR Howard			don, Md. 2100 DATE	RECT BY REGISTRA	1968 REGISTRARS	



MARYLAND STATE DEPARTMENT OF HEALTH 01017 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01016 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2g DATE OF DEATH (Type or print) VeR 4 RACE S. DATE OF BIRTH 6. AGE (in years last birthday) 3 SEX AF UNDER MONTHS DAYS HOURS 18 Sept. 1879 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF MARRIED | NEVER MARRIED country) DIVORCEO [ WIDOWED X NAME OF HOSPITAL OR INSTITUTION (If not in hospital velstreet address) 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within during most of working life, even if retired.) INDUSTRY buriol, cremation, or removal, and in any event, wit Home ond completely Housewife 13e STREET AND NUMBER 13a USUAL RES DENCE (Where deceased lived, if institution Res degree before requires that the death certificate be executed 13b COUNTY admission) STATE NO actord 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First First P. Samuel Ryan Sarah Frances Dawson 16b. SOCIAL SECURITY NO. Address 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (1) yes give war or dates of service) Yes, og. ar unknawn) 220-1/1-9801 Frank L. Oliver. Rt. 3. Aberdeen. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bulletiot 4dom signed by the ottend buriol-tronsit permit DUE TO, OR AS A CONSEQUENCE OF Conditions of any which gave t OH2A INa Mi From rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? YES 🗆 NO | 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE majunou no. ATTENDING 1-24-68 DEGREE DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S Louis short Ham De han Id 21078 M.W.ISHAK, MD NAME (Type) 23d LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 27 Jan. 68 St Marys Cemetery. Maryland R.D. Bel Air, 1968 REGISERARS SIGNATURE O 2So. REC'D BY REGISTRAR arring Munoral Home 24 FUNERAL DIRECTOR JAN 2 VR A15 (4) Aberdeen, Maryland 30M REV 1/68

,		MAKYLAND STATE DEPARTMENT OF HEALTH	
1		01018 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01017
		CERTIFICATE OF DEATH	
£ _2£		DECEASED-NAME First Middle Lost 20 DATE OF DEATH	2b HOUR
r death unerol 1 and 2 1r deoth	- {1	(Type or print) MARY MAY PAYNE JANUARY Month 7 Day 68	Pear 12 9. M
ter ter	3. SE	SEX RACE S. DATE OF BIRTH 6 AGE (In years 1.1 JHOLES INC. HOLES) AGE (IN YEAR) AND	R I YEAR OF JINDER 24 HRS
to A STE		Fema/z White 2-18-1873 9/1 YRS.	DATS FIDURS MIN
B 67 6		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH unity)	
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is a second	10 (		KIND OF BUSINESS OR ISTRY
d with	H	PAURE de GRACE HARTORD MemoRIA/ HOST	
Pe Se	13a.	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS) 13e. STREET AND NUMBER 13b. COUNTY // CO. / CO	l Air, Md.
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e execute and comp remove to in ony eve	14 F	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
be be see all of ir			randt
ertificate be physicion c ien please iovol, and ii			410
phy en ovo		No I Mrs Velma Armacost 604 Wendelwood	Drive
ing ing			APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH  CLOSE LY
leat end mit.		IMMEDIATE CAUSE (0) Click Togotal and infances	2 day
he off		DUE TO, OR AS A CONSEQUENCE OF	0
at the market		Conditions, if any, which gave as to immediate couse (a), (b)	
is the sion of the		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the death certificate be executed physicion. signed by the attending physicion and complet buriol-transit permit. Then please remove to buriol, cremation, or removol, and in ony everther the please remove the puriol, cremation, or removol, and in ony everther the present the present the please removed the present th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
requestion signatures		4	
e law re tending is been os the prior to	S S	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDER	ED IN CERTIFYING
The law re ottending hos been se os the th prior to	CELLETICATION	YES   NO   CAUSES OF DEATH?	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e hospitol or ottending physicion. his certificate has been signed by the attending physicion and completely filled in brethe unerol stoched for use as the buriol-transit permit. Then please remove forborn paper. Toger 1 and 2 Dept. of Health prior to buriol, cremation, ar removol, and in any event, within 72 hours after death.			)
CIAN itol of ifficol I for of He	MEDICAL	in the contributing cause of Death Hour A.M. Manth Day Year [19]  [If either, natify medical examiner] P.M. 19	
DING PHYSICI by the hospit (fter this certif be detoched State Dept. of	¥		ly State
this this De		at work at work	
by the fifter per control of the con		220. I certify that (I) (this hospital) attended the deceosed from IANUARY 0, 1968, to JANUARY 7, 1968 saw the deceosed olive on JANUARY 7, 1968, and that in (my) (our) opinion death occurred on the date and	, that (I) (we) lost
END led   St Al		saw the deceosed olive on <u>ANGARY 7</u> 1968, and that in (my) (our) opinion death occurred on the date and causes stated above, (1) (we) (did) (did not) view the body after death.	hour and from the
TA Triging The State of the Sta		226 SIGNATURE 220 DATE SHO	NED /
OR ATTENDING PHYSICIAL be retained by the hospitol DIRECTOR: After this certifice je 3 should be detoched for ed with the State Dept. of H		DEGREE PHYS DIRECTOR	7/68
AL AL O		22d. PHYSICIANS 22e. ADDRESS	
ERA de be		NAME (Typle) OUND. YUN HAURE DE GRA	(n2
Poge 4 moy be retained by the hospitol or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be filed with the State Dept. of Heolit	23a.	D. BURIA, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Coun	ity) (State)
2225		REMOVAL (Specify) 1-10-1968 Parkwood Cemetery Baltimore Co	
VR A15/4	24	FUNERAL DIRECTOR  ADDRESS  ADD	Judge
30M REV. NOB	2	Leson Antunina Jone 740 ( Blan Brad DATE THE TOTAL TO 1000 F	0.0





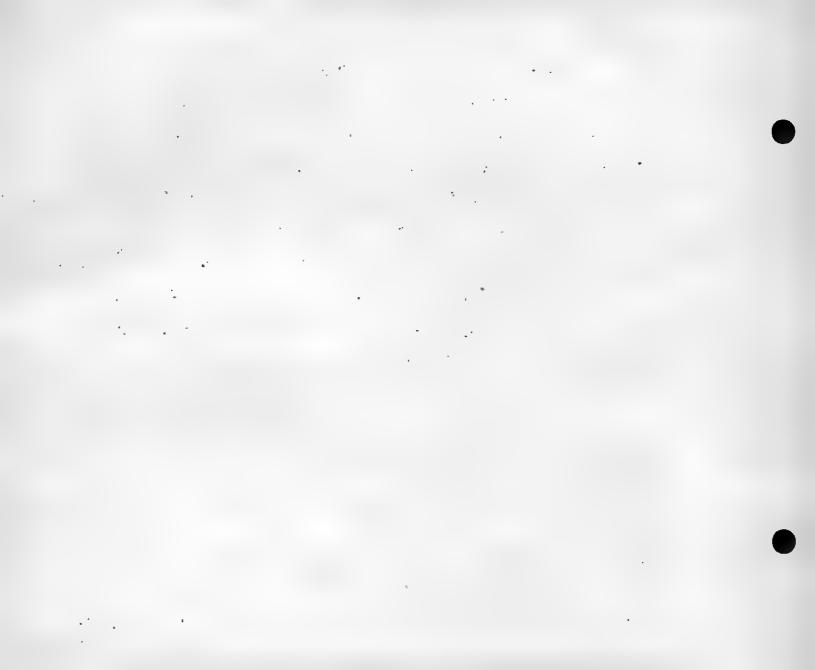


MAKYLAND STATE DEPARTMENT OF HEALTH

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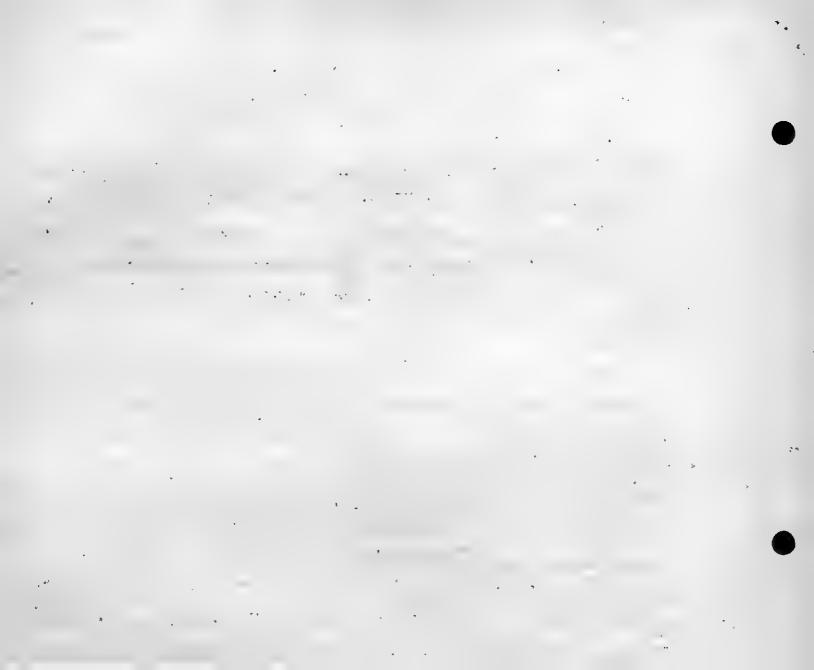
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01021 CERTIFICATE OF DEATH 2b, HOUR DECEASED NAME First Middle Lost 20. DATE OF DEATH after death (Type or print) Month MABEL MALIPIDA 3: 10 M Directil I January 4. RACE IF LINDER 1 YEAR IF JNDER 24 HRS 3 SEX S DATE OF BIRTH 6 AGE fin years last birthdoy) DAYS Jite Feb. 5, 188 Fe sale requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED [ NEVER MARRIED ] country) Maryland USA Harford WIDOWED TO DIVORCED [ Filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR burial, cremotian, or removol, and in any event, within INDustry give street address) during most of working life, even if retired.) Bel Air Convalescent Home ouser 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY "arford ir YES 😿 NO. Tulford Ave. . Re1 'el air. 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First M. ddle Millard Sarah Stillwell McGonigall Address el sir. 3. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (if yes give war ar dates of service) Yes, no or unknown) Tullford .. ve. 212-32-2024 Martin Millard Purcell. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) terrocclerotice C PART I. DEATH WAS CAUSED BY. Gorgrence poth fect - both Conditions, if ony, which gove to buriol-transit rise to immediate couse (o), by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed l PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) for use as the b Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TO with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while 22a. I certify that (I) (this hospital) attended the deceased from 1965, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (va) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF director, poge 3 should be filed v DIRECTOR 22e ADDRESS 22d. PHYSICIAN S Gerald C. Palmer, ...D. NAME (Type) Air, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Tarford uria Contro Comotomy 250, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) .oward . CComas Son, Abin don. DATE FEB 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 01023 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01022CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) Month PUTNAM DOUGLAS G. :30a M January 4 RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR 3. SEX last birthdoy) BAYS Caucasian 22 May 1911 Male 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED XX NEVER MARRIED 7 country) Maryland Harford U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Aberdeen Proving Ground Kirk Army Hospital during most of working life, even if refired)

M51 i tarm (Ret) for use as the burial-transit permit. Then please remave carban Health prior to burial, crematian, or removal, and in any event, wit 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Havre de Graces NO XX (Rural) Westwood Manor Harford larvland 15 MOTHER'S MAIDEN NAME First 14. FATHER S NAME Middle Lost Douglas Putnam Sr. Magdalen Ohlinger 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) 212-38-7953 Wife. Sames as 13. a.b.c. & e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) )
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH CORONARY THROMBOSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO IXIX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 13. January, 19.68, to 13. January 68, that (I) (we) lost saw the deceased alive and 3. January 168, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. Men MA DEGREE □ 13 January 1968 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) Thomas J. Fraher, M.D. KAH, Aberdeen Proving Ground, Maryland director, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (Stote) 230 BUR AL, CREMATION, Churchville Presbyterian 16 Jan. 1968 Churchville. Maryland 2Sh. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Tarring Funeral Home, Aberdeen, Md. 21001 1968



	MARYLAND STATE DEPARTMENT OF HEALTH					
manus the	-	DIVISION OF VITAL RECORDS, 301 W.	PRESTON STREET, BALTIMORE, MARYLAND 21201			
	1	ems 5 & 6 Film G397 1/24/68 kk (ERTIF	PRESTON STREET, BALTIMORE, MARYLAND 21201 ICATE OF DEATH	01023		
A NE		EASED NAME First Middle	Lost . 20. DATE OF DEATH	2b. HOUR		
death	'	pe or print) Kose (None) Ki	Chards SANUARU	91 1968 3AM		
\$ - 5	3. 5		5. DATE OF BIRTH 1898 6 AGE (In years	IF JINDER I YEAR   IF UNDER 24 HRS.		
2 1 4 B 2		temple White	NOVEMBER 2, 1991 69 Th YRS	MONTHS DAYS HOURS MIN.		
10 mg	7e cou	RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED 9. COUNTY OF DEATH			
ed in		"LIE IANO WIDOWE		Md		
	17.	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (I give street oddress)  Harford Memori	If not in hospital  12a USUA. OCCUPATION (Kind of work done during most of working life, even if retired.)  Howsenife			
d with letely arban nt, wi		SUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, LITY)		Homemiker		
cample cample of y even	odn	sion) STATE Md. 136 COUNTY Harford Bel	Hir YES NO 724 LIN	rwood Hve.		
and complete in any	14.	THER'S NAME First Middle Lost .	15. MOTHER'S MAIDEN NAME FIRST Middle	WC NELNER		
te b ian sase and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117	7. INFORMANT (5014) 638-8031 Address			
srtificate t physician en please aval, and		s, no, or unknown) (If yes give war or dates of service) 081-10-62648	- 10 - 1 - 734 - Insuran	rayland 21014		
ne death certific attending phys permit. Then p ian, ar remaval,	Г	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (s))	210-11-1	APPROXIMATE INTERVA. BETWEEN ONSET AND GEATH		
eath indii ar re	П	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	1/ Sescular Ulvantes	= 9 agus		
ne death attendi permit. ian, ar r	П	DUE TO, OR AS A CONSEQUENCE OF	11			
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equires the physician signed by burial-trai	П	ast. (c)				
equires that the physician. signed by the burial-transit purial, cremative	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	John Trans			
law re nding been s the iarta	ls	( artiac Decompensation	+ Tuffostatio Procumone			
rend rend s be as t as t	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHIGH OPERATION WAS PERFORMED	CALISES OF DEATHS	CONSIDERED IN CERTIFYING		
The part of the last	E		YES NO X			
IAN: ral or ficate far a		OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year	HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2	, Item 18)		
rspit serti red t. af	MEDICAL	If either, Artify medical examiner) P.M 19 21d. NevoRY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. While Not while 19	LOCATION Street or R.F.D. No. City or Town	County State		
R ATTENDING PHYSICIAN: The law re retained by the haspital or attending IECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta		ot work of work		,		
ING by the ter	ì.	22a. I certify that (1) (this hospital) attended the deceased from	JAN 4 , 1968 , to JAN 11 , 1	9 <u>68</u> , that (I) (we) lost		
ND ed k	П	saw the deceased alive on AN 11 1968, causes stoted obove, (I) (we) (did) (did nat) view the body after	and that in Imy) (aur) opinion death accurred on the c	date and hour and from the		
Francis de la constante de la	П	22b. SIGNATURE		c. DATE SIGNED		
OR ATTENDING be retained by the JIRECTOR: After to e 3 should be ded ed with the State			EGREE PHYS. MED. STAFF DIRECTOR PHYS D	1/11/68		
FAL on the proof of file	=	PHYSICIANS NAME (Type)  FTU A  C  C	22e. ADDRESS	00 1.5		
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending o FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta	-	pervare ciroti, in.	OR CREMATORY 23d LOCATION (City of Town)	(County) (State)		
TO HOSPITAL Poge 4 may TO FUNERAL director, page should be file	230	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OF COMMENTS (St. Ignatius)		(County) (State)		
( <i>M</i> )	24.	UNERAL DIRECTOR ADDRESS, AND AD	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	R S SIGNATURE		
30M RE 1/68	L	Joseph William roster "POEI Afir, Manyand 2	LIDIY DATE JAN 15 1968 gold	anles Judge		
	-			U		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 91025 01024 CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before, admission) o COUNTY o. STATE MARYLAND b CITY OR TOWN (If outside carparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give Megrest tawn) requires that the deoth certificate be executed within 24 hours. e IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS YES NO in any event, within NAME OF DECEASED Middle 4. DATE remave carbon Last Month Doy Year signed by the ottending physicion and completely buriol-transit permit. Then please remave carbon OF DEATH (Type or pant AGE (In years SEX 6 COLOR OR RACE **CATE OF BIRTH** gs) birthday) Months Ouvs Hours Aug. 21, 1893. WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT IGa USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **COUNTRY?** INDUSTRY Maryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, or removal John Stain Barbara Butterhoff Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service) 215-54-1501 Mr. Henry Sadler, 715 Shelley Rd. 21204 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a),
PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause the has been WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO YES O FUNERAL DIRECTOR: After this certificate for 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form. ((ity or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) at work pe certify that (1) (this hospital) attended the deceased from DAN 1 , 1968 to JAN 2, 1968 that (1) (we) last 1968, and that death accurred at 12 28 M, fram causes and an the date stated above saw the deceased alive an\_ JAN 220. SIGNATURE 226 DATE SIGNED MEO. DIRECTOR M.D PHYS PHYS. director, poge should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BLRIAL, CREMATION, (County) (Stote) Holy Redeemer Cemetery 1/468. Baltimore, Md. REC'D BY REGISTRAR ADORESS 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 OATE



DIVISION OF STATISTICAL RESEARCH A TON STREET, BALTIMORE 1, MARYLAND DEATH OF PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if Institution: Residence before edmission) . COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town riled in ithi d. NAME OF HOSPITAL OR d. STREET ADDRESS INSTITUTION (if not in hospitel, give street address) ON A FARM TNOA YES NO 3. NAME OF DECEASED DATE Year Month OF within DEATH (Typa or print) 19 carbon S. SEX 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED JUNEVER MARRIED and last\_birthday) Months event, requires that the death certificate WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if religed ⊆ 13. FATHER'S NAME attending ם removal, 16. SOCIAL SECURITY NO. | 17. INFORMA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyasgive weror dates of servica) physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit **DUE TO** the hospital or attending Conditions, if any, which gave rise to immediate cause burial, **DUE TO** (a), stating the underlying 함 causa last. PHYSICIAN: [c] After this certificate as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY ₽ CERTIFICATION PERFORMED? USB prior NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Health OR CONTR BUTING I I CAUSE OF DEATH defached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING (Stete) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) (County) ö fectory, streat, office bldg., atc.) Whila Not While Hour a.m. DIRECTOR: at work at work p.m. þ 21. I certify that (I) (this hospital) attended the deceased from... ....., that (I) (we) last should from the causes and on the date stated above. .... and that death occurred at. saw the deceased alive on. Ye E 22ъ. DATE 22a. SIGNATURE SIGNED ATTENDING 1 STAFF HOSPITAL FUNERAL eged DIRECTOR PHY5. PHYS. M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S ector, Pelij (State 23d, LOCATION (City, town or county) 23a. BURFAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY O F & 23ъ. REMOVAL (Spacify) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 20M S-63

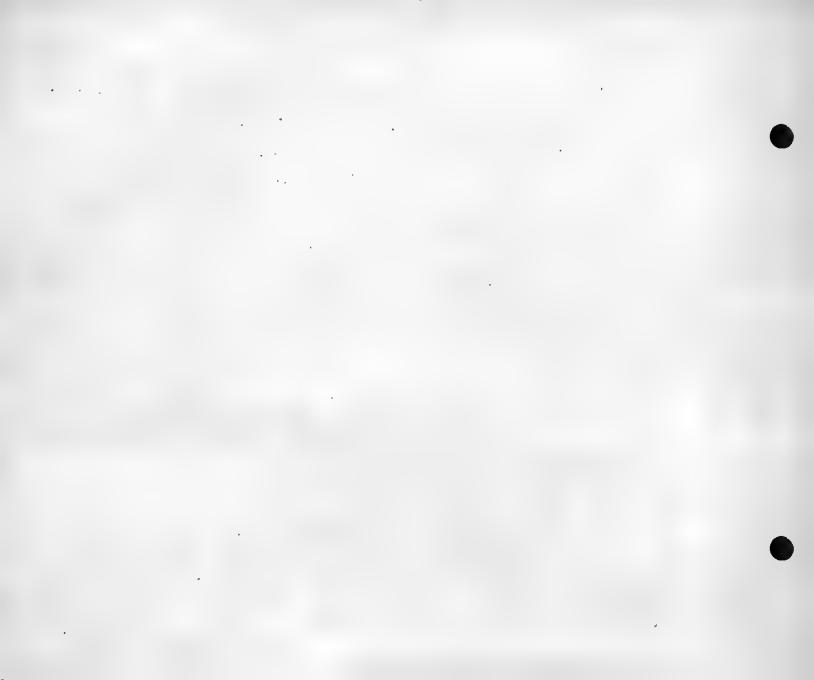


MARYLAND STATE DEPARTMENT OF HEALTH 01027 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01026 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH 26 HOUR death. and 2 (Type or print) 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR 3. SEX burial, crematian, ar remaval, and in any event, within 72 hours after by The lost birthday) MONTHS 7g, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH MARRIED | NEVER MARRIED country) the attending physician and campletely filled in sit permit. Then please remave carban papers. DIVORCED WIDOWED [ requires that the death certificate be executed within 24 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTR during most of Marking life, even it retired ) 13 STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13b COUNTY NO [ 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First... Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na of unknown) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c)
PART I. DEATH WAS CAUSED BY, BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave ) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the priar tak Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 16 X 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🔲 be detached far use State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State White Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1 - -19 La X , to \_1966, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... couses stated above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING DEGREE director, page 3 should be filed PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) ABERDEEN, emorial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 APRING FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH 31028 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01027 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME 2b. HOUR requires that the deoth certificate be executed within 24 hours ofter deoth. (Type or print) Manth ANUARY 3 SEX A PACE S. DATE OF BIRTH 6. AGE (th years IF LINDER I YEAR IF JNDER 24 HRS tast birthday) MONTHS JANYARY buriof-Iransit permit. Then please remove corban papers. P buriol, cremation, or removol, and in ony event, within 72 hour 70 BIRTHPLACE (State or foreign 7b CIT-7FN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED NO country) WIDOWED | DIVORCED filled 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) during most aswarlang life, even if retired.) INDUSTRY the ottending physician and completely fisit permit. Then please remove corban THE STREET AND NUMBER 13g USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY LIMITS? 13b. COUNTY YES NO IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INDORMAN Address Yes, ng., or unknown) (if yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line fac.(a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-transit p Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR/AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to L as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING hos CAUSES OF DEATH? YES 🗍 NO [ director, page 3 should be detached for use sbould be filed with the Stote Dept. of Health Page 4 may be retained by the hospital or this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town State County While Nat while at work FUNERAL DIRECTOR: After causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. **DEGREE** 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURJA., CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City (State)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01023 CERTIFICATE OF DEATH 01028 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY b COUNTY ARFORD MARYLAND law requires that the death certificate be executed within 24 haurs after c LENGTH OF STAY IN 1b. c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits write RURA, and give nearest town) FORE ST FOREST IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS papers JAOX YES NO DO carban NAME OF First Middle Lost DATE Month Year Day DECEASED OF DEATH LLIAM DINGLETON MAN. 1968 (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE ( n veors IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** remave dast birthdoy) Months Days Haurs any WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CHIZEN OF WHAT during most of working life, even if retired) COUNTRY? **LNDUSTRY** DUBLIN TENCES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVIS DERSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dates of service MRS. GILBERT HAMILTON, FOREST HILL INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART ! DEATH WAS CAUSED BY CARDIO-RESP IMMEDIATE CAUSE (o) DUE: TO CONGESTIVE HEART PAILURE Canditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause ARTERIO SCLEROTCE CARDIONAS, DCS this certificate has been the SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO the haspital ar 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. foctory, street, affice blda., etc.) While Not While O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 1751, 19, ta 97AN, 1968, that (1) (we) last saw the deceased glive an 1968, and that death accurred at 11450 M, fram causes and an the date stated above 19 66, that (I) (we) last be retained 22b. DATE SIGNED 22a, SIGNATURE attending M.D. PHYS DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S DINETH MID NAME (Type) BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) MD MOJHT JAN, 12,1968 ARFORD 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01029 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b HOUR signed by the attending physicion ond completely filled in by the fuheral burial-tronsit permit. Then please remove carbon popers. Pages 1 and 4 burial, cremotion, or removal, and in ony event, within 72 hours after death (Type or print) Month Arnes 3 SEX 4. RACE DATE OF BIRTH requires that the death certificate be executed within 24 hours after 6. AGE Un years lost birthday) DAYS HOURS July 26, 1886 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED conntry) wording U.S.A. WIDOWED X DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY HAVre de Grace 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 138. INSIDE CITY EMITS? 13pgSTREET AND NUMBER odmission) STATE 13b. COUNTY A 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle McDOWEll HEdisabEH Thackarey Smith 17 INFORMANY Daughter) GL7-427 REDERZ PARAdisE Form Box 147 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. [If yes give wer or dates of service) Yes, no, or unknown) Miss Dorothy GrEy Smith 220-32-5530 Darlington, Mangland 21034 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c),
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ; Cerentral Varcular acredit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filled with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO 🔀 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from JAN 10, 1968, to JAN 11, 1968, that (I) (we) last saw the deceased alive an JAN 11, 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an JAN 11 1968, and that causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S M.WILLIW.MD. 22<sub>8</sub>. ADDRESS Levis their Have De Grace Ad. NAME (Type) 230. BUR AL, CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) DA-lington CEMETER Darlington, Harford Co: Mangland January 13,1968 W. Brogding KWILLishnes St. 24 FUNERAL DIRECTOR 30M REV. 1/68 BEI Her, Maryland 21014



CERTIFICATE OF DEATH  1 DECEASED NAME (Type or print) CCRG-INA H Spang-LeR 20. DATE OF DEATH Month  3 SEX Lemale 4. RACE 1/1/e Aug. 10, 1885	01030
(Type or print) CCR F- INQ H Span G- I-CR Month  3 SEX - 4. RACE	Dov Year 2b. HOUR
3 SEX 4. RACE / / 5 DATE OF BIRTH 6 AGE (In y	13 /2 PM
	POOLS IF UNDER 1 YEAR IF JINDER 24 MRS. MONTHS DAYS HOURS MIN
70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED   9. COUNTY OF DEATH WIDOWED   DIVORCED   9. COUNTY OF DEATH	FORCE Md.
ID CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if restricted to the second of the second	rk done 12b. KIND OF BUSINESS OR
130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN ) 3d. INSIDE CITY (IM.157) 13e STREEF AND NUM	MBER Clue
14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First N	Middle Lost
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT	ddress 2
14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First M  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  Yas'no, or unknown) (If yes give war or dartes of service) 177-10-4425 HELE 71 MI. MICHAEL AS S	56717 CQS CIDC 1'C
18. CAUSE OF DEATH (Enter only one couse per time for (a), (b) and (c).  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	BETWEEN ONSET AND GEATH
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove rise to immediate couse (a), (b)	
tise to immediate couse (a), stating the underlying couse lost.	
Stoting the underlying couse  Stoting the underlying couse  Lost. 104  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o	))
9.5.60	,
2Do. AUTOPSY?  2Do. IF YES, WERE FILE  2Do. AUTOPSY?  YES NO CAUSES OF DEATH?	NDINGS CONSIDERED IN CERTIFYING
YES NO YEARTHY  210 ACCIDENT WAS UNDERLYING 216 TIME OF WIJURY  210 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or	- Part 1 Jan ID)
TO SUPERIOR CONTRIBUTING CAUSE OF GRAPH  OF CONTRIBUTING CAUSE OF GRAPH  P.M. 19  21d INNIES OF CURRED 21e PLACE OF INNIES ACTION.) 21f (OCATION Street or RED. No. 2 city or Town	nucho Tree admiceira
TO CONTRIBUTING CAUSE OF GEATH  HOUR A.M. Month Day Year  19  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. INJURY OCCURRED  While Not while Not while A.M. A.M. Month Day Year  19  21d. INJURY OCCURRED  21d. INJURY OC	County State
at work of work of home 4011 Dakerlar, (b) inga	on Hartred, Ma.
220. I certify that (I) (this haspital) attended the deceased fram	the dote and hour ond from the
couses stated above, (1) (we) (did nat) view the body after deoth.	22c DATE/SIGNED
Sa Barrending MED. STAFF DIRECTOR DIREC	1 / /3/6
22d. PHYS. CLAR'S NAME (Type)	
190 DAYE OF OVERATION 196) CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DAYE OF OVERATION 196) CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DAYE OF OVERATION 196) CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DAYE OF OVERATION 196) CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DAYE OF OVERAL CAUSES OF DEATH?  190 DAYE OF OVERAL OF DIAMETER OF WIJURY  190 DAYE OF OVERAL OF DEATH?  190 DAYE OF OVERAL OF DAYE OF DAYE OF OVERAL OF DAYE OF DAYE OF DAYE OF OVERAL OF DAYE OF	wn) (County) (Stote)
	e Maruland
VR ALS 44 24. FUNERAL DIRECTOR Leonard 9 Ruck Inc 5305 Harford Rd DATE JAN 15 1868	GISTRAR'S SIGNATURE

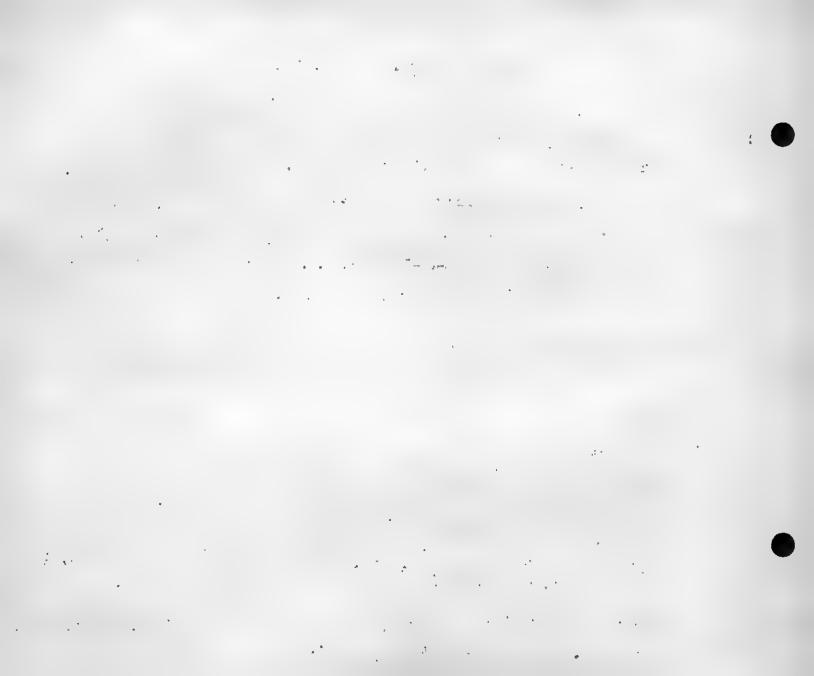


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01032 01031 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Month CANK UACU 3. SEX 4 RACE S. DATE DE BIRTH 6 AGE (in years lost birthday) SE HINDER 1 YEAR F UNDER 24 HRS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after bunal, crematian, ar remaval, and in any event, within 72 haurs aft MONTHS HOIRS July 8890 YRS 18 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 75. CITIZEN OF WHAT COUNTRY 8. MARRIED NEVER MARRIED popers country) the attending physician and campletely filled in sit permit. Then please remave carban papers WIDOWED' DIVORCED [7] U.S.A Penna. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working ife, even if retired)

Retired mile streeboddress ki INDUSTRY STACE Westinghous 130. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY V 14. FATHER'S NAME First Middle last IS. MOTHER'S MAIDEN NAME First Middle Leo Steppat Amelia 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN u.S. ARMED FORCES? 17 INFORMANT Address Yes, no, ağınknown) (If yes give wor or dates at service) Steppat, Havre de Grace, Md. Anne Unknown APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b) and (c),) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3 signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the has been 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO . of Health O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 181 j OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. be detached State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work ot work -220. I certify that (I) (this hospital) attended the deceased from 180 10 1964, to 180 10 1968, that (I) (we) lost sow the deceased glive on 1965, and that In (my) (our) opinion death accurred an the date and hour and from the \_\_1968, and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceased alive on causes stated above, (1) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS directar, po shauid be f NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Chy or Town) 230. BURIAL, CREMATION (County) (Stote) 13.1968 Glenwood Mem. Garden Broomall 25o. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 30M REV. 1/68 Son. Perryville Md DATE AN Patterson



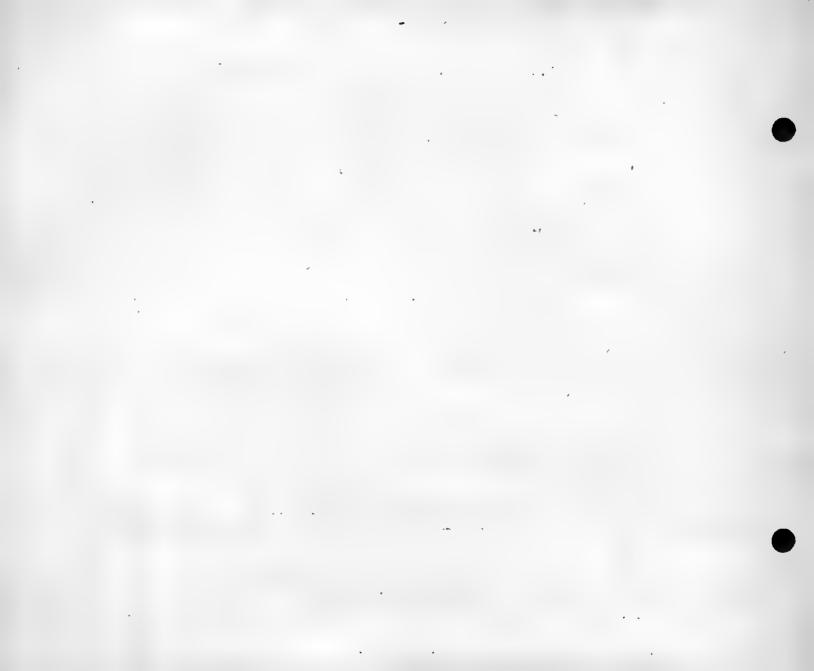
MARYLAND STATE DEPARTMENT OF HEALTH 31033 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01032 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH XXX Mary Twining Doy 21 Yeo 68 Month 1 (Type or print) Whitaker S. DATE OF BIRTH 8/1/1883 3 SEX 4. RACE IF LINDER ! YEAR IF UNDER 24 HRS 6. AGE (In years W Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Harford country) Maryland USA signed by the attending physicion and campletely filled to burial-transit permit. Then please remave carban papers burial, cremation, ar remaval, and in any event, within 72 h WIDOWED FA DIVORCED [ requires that the death certificate be executed within 24 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Citizen Nursing H. during mastel working the executive tired) INDUSTRY Education Havre de Grace 130 JSJAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 3d INSIDE CITY EIMITS? 13e STREET AND NUMBER odmission) STATE Mary Land 13b. COUNTY Forest Hilly NO X Harford Rock Spring Road 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Charles Whitaker Marv Francis Wilson 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. oz unknown) Forest Hill, Maryland Mr. R.G. Tucker 219-28-5280 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), anith(c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the la Page 4 may be retained by the haspital ar attending this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? ed far use of Health r YES [ NO | 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJRY OCCURRED ( AT HOME FARM STREET, FACTORY, ) 21f. LOCATION Street or R.E.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After causes, stated above, (1) (we) (did) (did nat) view, the body after death. 22b/SIGNATURE 22c. DATE-SIGNED ATTENDING Phys. MED. DIRECTOR DEGREE director, page should be filed 22e. ADDRESS Forest Hill, Maryland 226. PHYSICIAN S Willard Hudson NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION (County) (Stote) Forest Hill Harford, Md
REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968 Rock Spring 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Jarrettsville. Md. DATE Air 2 3 1968 E. Kurtz 30M REV. 1/68 Charles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31034 01033 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate bill executed within 24 hours after death (Type or print) Month Charles Columbus Vaughn January 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. ficate has been signed by the attending physician and campletely filled in by the fur far use as the burial-transit permit. The please remave carbon papers. Pagetter Health priar to burial, cremation, as removal, and in any event, within 72 hours after 3. SEX 6. AGE (In years DAYS HOURS lost birthdoy) March 17, 1885 White Male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fore an 8 MARRIED NEVER MARRIED Willis, Va. U-S-A-WIDOWED DE DIVORCED [ Harford County. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 35 West Gordon Street during most of working life, even if refired) Real Estate Bel Air 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d BNSIDE CITY EIMITS? 13b COUNTY Harford 35 West Gordon Street Bel Air 14. EATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Julia Hatcher Columbus P. Vaughm Address 35 W. Gordon St. 17 INFORMANT (Son) 838-3766 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Bel Air, Md. 21014 Yes, no prinknown) Mr. Hugh C. Vaughn 218-32-1534 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO IX 3 shauld be detached far use with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work ta Jan. 8, 19 68 22b SUBNATURE 22c. DATE SIGNED ATTENDING Jan. 8, 1968 MED DIRECTOR director, page 3 should be filed v DEGREE 22e. ADDRESS 22d PHYSICIAN'S 304 Maitland Ave., Bel Air, Md. 21014 Charles Richardson, Jr., M.D. NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a BURIAL CREMATION BUTTO (Specify) Jan.10.1968 Bel Air Memorial Gardens Bel Air, Harford Co., Md.21014 2So. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNAT W. Broadway & Williams 10 1968 DATELAN Bel Air, Maryland 21014 30M REV 1/497

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, I I	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Items 5 & 6 Film MEDICALSERAMINER'S CERTIFICATE OF DEATH	0
HEALTH DEPT		b HOUR
v d 0 4	(Type or Print)	8:30
5 m & 7	3 SEX 4 RACE S DATE OF BIRTH- 6 AGE (n years _ F JNDER YFAR F LNDER 24 HRS 2c, DATE PRONOUNCED DEAD 2	2d. HOUR &
delay	Male white Dec. 18, 1893 74 Fyrs MONTHS DAYS MOURS MIN. Month January 31 Year 19 68	
1000	70 BIRTHPLACE (State of the The CHIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	0:000
The Day	COUNTRY NEW HEMPENS U.S.A. WIDOWED DIVORCED Harford	Md.
State	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINE	
8 3	Edgewood give street address Mortation Inn, during most of working life, even if retired.) INDUSTRY Mortation Inn,	Mar
offer and with the learning with the learning and the lea	130 USUAL RESIDENCE (Where deceased lived, if institution Residence befage 13c City or TOWN 136 INSIDENCE (Where deceased lived, if institution Residence befage 13c City or TOWN	
	odm ssign) STAIF New Hampshire 13b. (OUNTY Manchester YES NO 425 Hayward St.	
be executed within 24 haurs a "pending" in penci in Item 18. nief Med col Examiner's Office at anxit permit. File pages 1 and 2 weent within 72 hours ofter dea	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
24 th	Joseph Maltais Armeme Bosse	
hin 24 ncii in niner's poges hours	160 WAS DECEASED EVER IN S ARMED FORCES?  (Yes, no, or unknown)   (III yes give wor or dates all service)   16b SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS Manchester N	. н.
w.#h pen xam xam 72 l	No 005-24-2123 WW Letendre Funeral Service 196 Manchest	
ed v	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) )	ERVAL D DEATH
ecution ing.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Hypertensive Arteriosclerotic Cardiovascular	
exe end Me if pe	Disease	
hiel he	(anditions, if any, which gave ) (b) (b)	
should be executed sword "pending" in the Chief Med col E. uriol-transit permit. F in any event within	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed w.f. he word "pending" in perto to the Chief Med col Exambiol-transit permit. Fife in any event within 72	[ast. (c)	
\$ = = B	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
rifica riting rarder d os val, o	7 7 A  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  20 AUTOPSY?	
cel forw use	WAS PERFORMED?	NO 🗀
INER: This certificate, writh should be forwar files. 3 should be used ashould be used oftion, or removal.	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES THE CAUSE WAS PRIMARY OF CONTRIBUTING OF INJURY Month, Doy, Year HOUR A M.  197. CAUSE OF DEATH  198. CONDITION FOR WHICH OPERATION  20. AUTOPSY?  YES THE CAUSE OF DEATH  199. CONTRIBUTION OF INJURY MONTH, Doy, Year HOUR A M.  190. DATE OF OPERATION  210. AUTOPSY?  YES THE CAUSE WAS PRIMARY OF COURSED (Enter noture of injury in Part 1 or Port 2, Item 18)  211. INJURY OCCURRED 12 In PLACE OF INJURY (4st home form street)  212. INJURY OCCURRED 12 In PLACE OF INJURY (4st home form street)  213. INJURY OCCURRED 12 In PLACE OF INJURY (4st home form street)  214. INJURY OCCURRED 12 In PLACE OF INJURY (4st home form street)  215. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18)	NO
Printing of the printing of th	PRIMARY OR CONTRIBUTING HOUR AM.	
NEI NEI Shot files Shot otio	CAUSE OF DEATH P.M 19  ZId. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town Caunity	State
KAMINER: te the certi ye 4 should your files. oge 3 shoul cremotion,	WHITE NOT WHITE FOCTORY, affice building, etc.)	0.4.0
bical Examiner: se execute the certification. Poge 4 should ned for your files. ECTOR: Poge 3 should a burial, cremotion,	22a   certify that I taak charge of the remains described above, held an Autapsy   XI, Inspection   Inquiry   and in my	aninian
CAL exe exe or Fo TOR	death resulted fram Natural causes X. Accident, Suicide, Hamicide, Undetermined manner	apinian
please I director retainer I DIREC	CHIEF MEDICAL EXAMINER	
ald de la	ACTUAL TO DATE SIGNED	
UTY, any, be be pr	SIGNATURE  MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER JAnuary 31.	1968
DEPUTY necessary, F the funeral 5 may be r 7 FUNERAL Health price	HAMF (T)	
TO DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	230 BURIA, (REMATION, 23b DATE / NAME OF CEMETERY OF CREMATORY 23d LOCATION (C ty or Town) (County) (Stot	e)
	Burial-Removal 1/31/68 Letendre F. H. Manchester, New Hampshire	
	24. FUNERAL DIRECTOR . ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME (5) 10M REV 1/68	Wm. Cook-Brooks, Inc. 1217 St. Paul St. Balto. DATE FEB 1 1968 Actionles Judge	4



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01034 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH 2b. HOUR requires that thm death certificate be executed within 24 hours after death. detath (Type or print) Month signed by the attending physician and campletely filled in by the funera burial-transit permit. Then please remove carbon papers. Pages Vand 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS. lease remave carbon papers. Pages J and in any event, within 72 haurs after DAYS last birthday) YRS. 7b CITIZEN OF 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED WIDOWED | NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR DEATH street oddress during most of workingsife, even if retired ) INDUSTRY 13e, STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased aved, if institution Residence before 1 (3c. CITY OR TOWN admission) STATE 13b COUNTY YES 💢 NO [ 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost 16g. WAS DECEASED ENTR IN ARMED FORCES? 1NFORMANT Address Yes, no or unknown) (If yes give war or dates at service) crematian, ar remaval, APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) QUE TO, OR Conditions, if any, which gave) Out burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse burial. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) far use as the t f Health prior ta b Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 2 NO [ 21c. HOW INVERY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year af. be detached State Dept. of (If either, natify medical examiner) PM (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from-1968,101 1-11sow the deceased alive an-1968, and that in (my) (our) apinion death occurred on the date and hour and from the shauld couses stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shauld be filed v DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION City or Jown (State) 23a BUR AL, CREMATION (County) EMOVAL (Specify) 250. RECD BY REGISTRAR VR A35 [4] 30M REV 1/68

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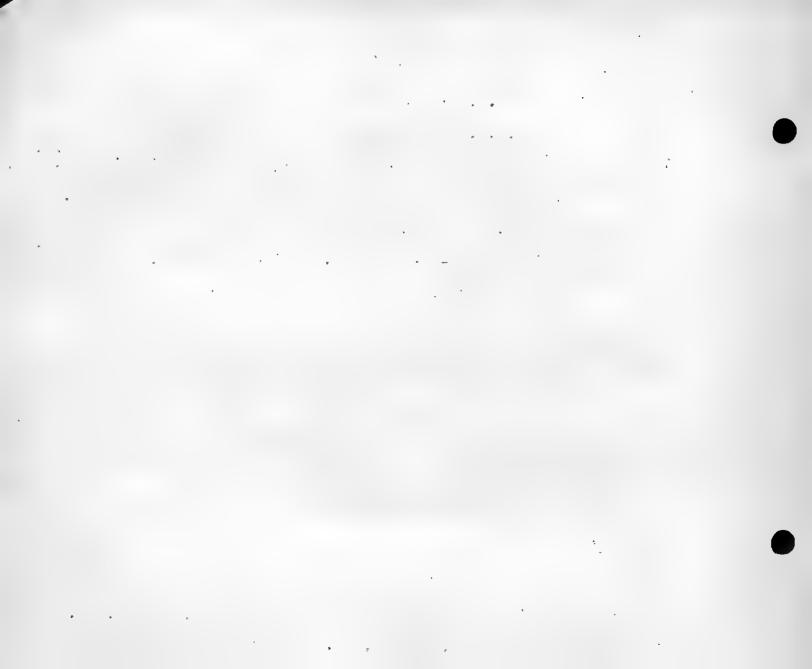
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01035 01036 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b** COUNTY Harford MARYLAND Maryland Harford b. CITY OR TOWN (If outside carporate imits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Whiteford 10 Rural-Whiteford vears B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Kerr Road Kerr Road YES NO SE requires that the death certificate be executed within 3 NAME OF 4 DATE First Middle Lost Month Dov physician and campletely f en please remave carban Year DECEASED HAZEL January MARGARET WATKINS (Type or print) 19 DEATH IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED XX 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Dovs Hours Female White May 1.1918 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 100 US JAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CIT ZEN OF WHAT INDUSTRY COUNTRY? Cardiff.Md. Bookkeeper 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, James M. Stauffer Edna Parry IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service) 218-03-8089 E. Famous Watkins, Whiteford, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BYburial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by 16200 DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [ NO þ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [2] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Not While foctory, street, office bldg., etc.) ot work 14 196 (that (1) (we) last 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS.  $\mathbf{x}$ Jan. 15. 1968 M.D. PHYS 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Josiah A. Hunt M.D. Delta. Penna. directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Slate Ridge Delta, York Co., Penna. Jan. 17. 1968 25b REGISTRAR S SIGNATURE 25o. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) Delta. Penna. 20 M 1/66

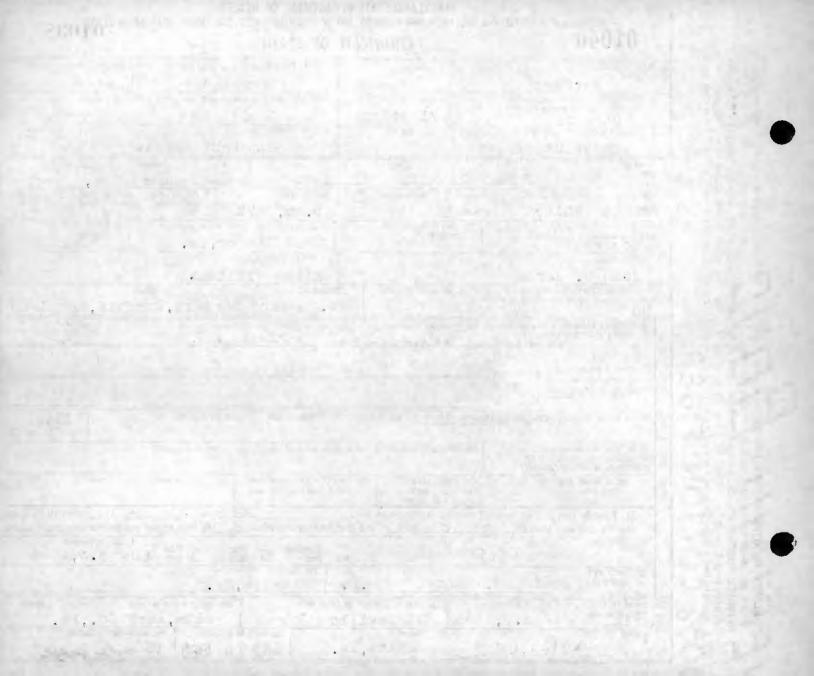


FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01036			
HEALTH DEPT		Doy Year 2b HOUR			
2002	(Type or Print) MARY ALICE WHITE OF EST. 1	21 1,68 6;35			
Poge 15	3 SEX 4 RACE S DATE OF BIRTH 6 AGE tin years 14 JADER (YEAR 15 LADER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR			
deloy September 1	Female White 11-10=05 62 THOURS WIN MONTHS DAYS HOURS MIN Month JIN DOY 2	1 Year 1968 625M			
2, 2, po	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIEDXXINEVER MARRIED 9. COUNTY OF DEATH				
ath City coges 1, 2, ith form P. State Depar	(COUNTY) Alabama U.S.A. WIDOWED DIVORCED Harford	Md			
oge oge th fa	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR NOUSTRY FITATINACY			
after death 8 Give Poges olong with far with the Stote eath.	Havre de Grace give sket oddressid Memorial Hospita duning most of working fee red)	Whows-Stand			
fter Gnv ong ong ith 1	130 USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER				
hours after fem 18 Gr Office olong 1 and 2 with	odm ssion) STATE Maryland 136 (OUNTY Harford Aberdeen YES NO X Swan Harbour De	11 Trailer Pk			
hours Item 18 Office Iand 2	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	tost			
24 hours in Item 1 r's Office ss land2	William Powell Cain Mary Alice	Norris			
	16b. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO  17 INFORMANT  ADDRESS  16 Donald E. White, Box 36, Aberdeer	35.0			
Exam Exam File p	(Yes No. or Linknown) (Hyes give wor or doles of service) 107-30-1637   Donald E. White, Box 36, Aberdeen				
be executed within "pencil" in pencil ief Medical Examine onsit permit. File pogrevent within 72 hou	18. CAUSE OF DEATH (Enter only one couse per rare for (o), (b), and (c)) PART I DEATH WAS CAUSED BY  PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH			
be execute "pending" ef Medica nsit permit	PART I DEATH WAS CAUSED BY AFTER TORIO (b), (b), ond (c))  PART I DEATH WAS CAUSED BY AFTER TORIO (c), (b), ond (c))  PART I DEATH WAS CAUSED BY AFTER TORIO (c), (b), ond (c))				
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should be executed to word "pending" of the Chief Medical build-transit permit.	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF				
he v he v to th buri	(6)				
ER: This certificate should certificate, writing the word ould be forwarded to the Ches. thould be used as a buriol-training or removal, and in any	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
This certificate, writing be forward and be used an arremoval,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?			
form form to us emic	WAS PERFORMED?	YES NO KOK			
NER: This certificate, write certificate, write should be forword files.  3 should be used ottan, or remove	19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21o EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Port 1 or Port 2, Item HOUR A.M.  P.M. 19  21d INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item P.M. 19  21d INJURY OCCURRED 12 PLACE OF N. JRY (At home form street) 21d INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item P.M. 19				
on,	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19				
INNE Sho sho file 3 sh		County State			
ical Examiner: s execute the certificate. Page 4 should for. Page 4 should ed for your files. CIOR: Page 3 should burrol, cremotion,	WHILE NOT WHILE   factory, office building, etc.)				
Pog or y lot,	22a   certify that I took charge of the remains described above, held an Autopsy , (Inspection [XX], (Inquiry [X]),	and in my apinian			
Se de Constant de	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner				
please e director retained or to bu	COLOR MICHAEL MICHAEL COLOR				
	ACTUAL SIGNATURE Levalue & Falmer ASS STANT MEDICAL EXAMINER 226 DATE SI	GNED			
Ssory, Unerally be any	EXAMINER'S DEPUTY MED CAL EXAMINER A	22-68			
	NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county) Bel Air	, Maryland			
5 5 ± ~ 5 ±		(ounty) (Store)			
M	of control of the con				
VR A SME	Tarring Funeral Home, Aberdeen, Md. 21001  250 RECD BY REGISTRAR 250 RECT BY RECT BY REGISTRAR 250 RECT BY R	GYATURE LEAGUE			
10M REV /68	Tarring Funeral Home, Aberdeen, Md. 21001   DATE JAN 20 1040	U			



l	MARYLAND STATE DEPARTMENT OF HEALTH	
Commercial	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1037
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME Fice , Middle , Last 20 DATE KNOWN   Month Da	y Year 2b. HOUR
2/200	(Type or Print) Leo ) JM TS Widdoes DEATH MATED 1-1	1968 M
3-12-1	3 SEX 4 RACE   S DATE OF BIRTH   6 AGE (In years   IF UNDER 1 YEAR   15 UNDER 24 HRS   26 DATE PRONOLINGED DEAD	2d HOUR
STOP IE	AND COLOR OS Berbeloy MONTHS DAYS HOURS MAN Month Day	Year 68
>		'A_ A W
De B		
death any with form the Stote Depa	Karyland U.S.A. WIDOWED DIVORCED HOTTOTU	Md
Pog # 55	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done 12)  120 USUAL OCCUPATION (Kind of work done 12)  121 USUAL OCCUPATION (Kind of work done 12)  122 USUAL OCCUPATION (Kind of work done 12)	KIND OF BUSINESS OR
the the		lice, Cov.
ofter deatl 8 Give Pog along with with the Sta	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN / 3d INSIDERLY (M.157 13e STREET AND NUMBER	
s offer 18 Gr along 2 with deoth.	odmission) STATE Maryland John Joppa VEX NO 304 Magnolia	Rd.
1 hours Item 18 Office Tond 2	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
	Thomas M. Widdoes Olga Olson	
hin 24 noof in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS JOD	pa. Md.
within pencil xomine yog 72 hou		l'agnolia R
		APPROX MATE INTERVAL
B = 1. H	18 CAUSE OF DEATH (Enter only one cause per ne tor (a), (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
e executed pending" in lef Medical I nost permit.	PART I DEATH WAS CAUSE (a) ATTETIOS FLETUTE DISCUSE	
be ex "pend rief M nosit p event	DUE TO, OR AS A CONSEQUENCE OF	
hould be word "pe the Chief irial-transit	Conditions, if any, which gave and the course (a). (b)	
ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost     (c)	
writing the worded to worded to seed os o bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
this certificate tate, writing the set forwarded to be used as a removal, and		
e, writi forwor e used emoval	19a. DATE OF OPERATION 19b. COND.TION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF IN.URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY?
	₩AS PERFORMED?	YES   NO DE
This icate, be fo	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	
#= = = T	RIMARY OR CONTRIBUTING HOUR A M.	10 ]
VER: certi hould lles. shoul	PRIMARY OF CONTRIBUTING HOUR A M.  CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f LOCATION Street or R.F.D. No. City or Town	
(AMINER: te the cert te 4 should rour files. oge 3 shou	21d INJURY OCCURRED 21e PLACE OF IN. JRY (At home, form, street, while more written with more written more wr	County Stote
EXAMINER: cute the cert oge 4 should by your files. Poge 3 should like.	AT WORK AT WORK	
L E Cecu	22a I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry .	and in my apinian
CO C	death resulted from Natural causes A. Accident J. Suicide J. Hamicide Undetermined manner	
pleose of director retained or to bu	CHIEF MEDICAL EXAMINER BELATION	5- Md
rot di AL Drior	ACTUAL PARAMETERS OF THE PARAM	NED
EPUTY Ssary, funero by be NERAL th pri	M.D. DEDITY MEDICAL EVANDAGE (S)	. 0
DEPUTY SICAL BY SESSARY, pleose exect the funeral director. Por may be retained for FUNERAL DIRECTOR: ealth prior to buriol to	NAME (Type) Ge - 1 (d & P) (m e = 1) D ADDRESS(Street, city town, or county)	<u> </u>
necessary the funer 5 moy be 6 FUNER Health		(Crata)
F	PEMOVAL (Specify)	(Stote) (Stote)
1.0		Md.
VR ATSME (5)	Talkh Or Hickey	
30M REV 1/68	Hicks Home for Funerals, Elkton, Md. DAN AN 11 1968 Charle	1 mage





1		01041 DIVISI		ECORDS, 301 W.				1201	0.4.0.	(h.d.)	
STATE		01012	MEDI	CAL EXAMINE	R'S CERTIFI	CATE OF DE	ATH		010;	339	
P)	1. D	vne or Print)	itst	Middle	05.49	Last	2o. DAT	KNOWN X Mor	th Day	Year	2Ь. НОЦА
		THU		DAVED		ITMER	DEAT	H MATED 1	8	1968	
	3. 5		S. DATE OF BI	4,1967 los	t birthday) MONTHS	DAYS HOURS	MIN Mar	PRONOUNCED DEAD	¥	ear	2d. HOUR
		ale White	7b. CITIZEN OF W		8. MARRIED	NEVER MARRIED K	9. COUNTY OF	L CATU	8	1968	10:M
		Tyland	U.SA.		WIDOWED	DIVORCED [		larford			MA
		ITY OR TOWN OF DEATH	11. !	NAME OF HOSPITAL OR I	NSTITUTION (If not in	hospital 120. U	SUAL OCCUPATION	Kind of work do	ne 12b. K	IND OF BUSH	NESS OR
	На	vre de Grace	give	street oddress) Harford M	emorial H	lospital	most of working	life, even if retired	I.) INDUS	TRY	
		USUAL RESIDENCE (Where deco	osed lived, if instit	tution: Residence befor	13c CITY OR TOWN	13d. INSIDE CITY	LIMITS? 13e. STR	EET AND NUMBER			
	-		and 13b. COUNTY	Harford	Darling						
	14. F.	ATHER'S NAME First Richa	.rd E		187.77	HER'S MAIDEN NAME	First	Middle		Last	
	160	VAS DECEASED EVER IN U.S. ARME		16b. SOCIAL SECURITY			Carolyn	1 ADDRESS		Nice	Ly
	(Y		ive war ar dates of service)	None			Witmer	Rt. #1,	Dar	Tino	ton
Ì		1B. CAUSE OF DEATH (Enter	anly one cause per					1,20 // 23		APPROXIMATE I	NIL SE
		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a)		tial pneu	monitis	(SDII)			BETWEEN ONSET	ND DEATH
		484x		R AS A CONSEQUENCE O							
		Canditions, if any, which gave rise to immediate cause (a)									
		stating the underlying cause		R AS A CONSEQUENCE O	F						
		lost.	) (c)								
	_	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE OR (	CONDITION GIVEN	IN PART I(a)			
	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FOR						20. AUTOPSY	?
	RTIFIC			WAS PERFORMED						AE2 🛣	NO 🗆
	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A	FINJURY Month, Day, Ye k.M. P.M. 19	ar 21c. HOW I	NJURY OCCURRED (En	iter nature af inju	ry in Part 1 or Port	2, Item 1B.]	)	
	MED	21d. INJURY OCCURRED 21	e. PLACE OF INJURY	(At hame, farm, street,	21f. LOCATIO	ON Street or R.F.D. No.	Cit	y or Town	Cau	nty	Stote
		AT WORK AT WORK	foctory, affice buildi	ing, etc.)						100	
		220. I certify that	I taak charge of	the remains describ	ed abave, held a	n Autopsy X,	Inspection	, Inquiry		and in my	opinion
I		death regulted fram:	Natural cau	uses XI. Accide	nt 🔲, Suicide	, Homicid	le 🔲, Und	etermined mann	er 🗌		
		ACTUAL MPSA.	016	1		CHIEF MEDICAL					
		SIGNATURE	714	AX-	N	n.D.		44	ATE SIGNEI		
		EXAMINER'S NAME (Type) WERNER	U. SP	7. 1			L EXAMINER		L-8-6	8	
	23a.	WEIGHT	b. DATE	Z M.D.	CEMETERY OR CREM			N (City or Town)	(Count	ty) (St	ate)
		BUI'I (Specify)	1/10/68	Bel	Air Mem	orial Ca	ardens,			arfor	
9	24	FUNERAL DIRECTOR	0 0	ADDR	ESS	2Sa. REC'I	D BY REGISTRAR	25b. REGISTRA			
	1	okn 14. Kta	and.	Delt	a, Pa.	DATE J	AN 12	1968	und	A Just	
	10.0	712-33									

